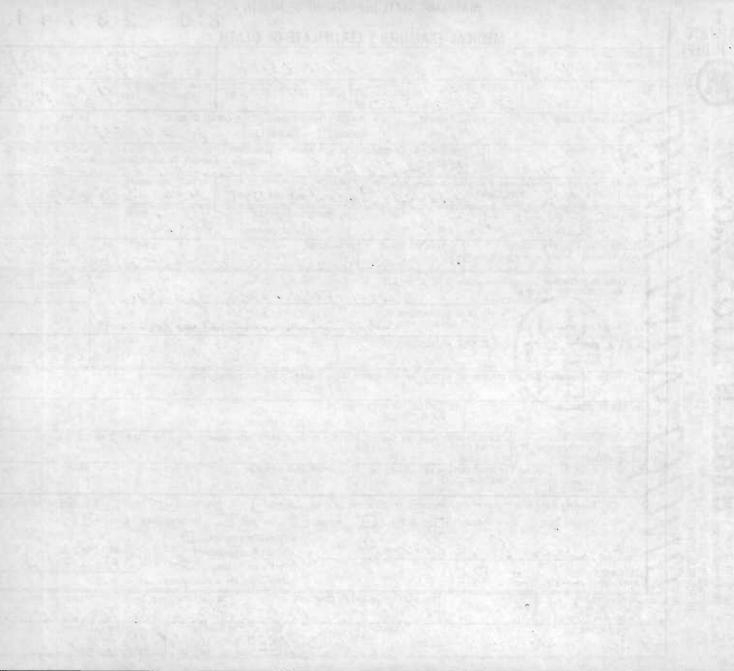
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 1		em 18b G548 10/14/8 MARYLAND STATE DEPARTMENT OF HEALTH	P 4 1
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME First Middle Bailey D. 20. DATE KNOWN Month Do OF ESTI-	Year 2b. HOUR
NEW :	3. SI		2d. HOUR
Deport		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NITY) 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AA.
Peggs of the form	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	KIND OF BUSINESS OR DUSTRY
fe, Md. offer do long w		USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN demission) STATE ALC 13b. COUNTY HAR SOME ALCOHOLD VEST NO HOLLY	21-
BALTIMOR 24 hours of 15 Office d 15 Office d 15 S Top 14	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Modeley Molly Profit.	Lost
hin nail in niner niner page		WAS DECEASED EVER IN U.S. ARMED FORCES? (If yy) give wor or doles of service) ADDRESS ADDR	F132707
wij		48. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiorespical actions for the state of the	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
W. PRESTON : d be executed d "pending" in Chief Medical E ronsit permit. E		DUE TO, OR AS A CONSEQUENCE OF Freumoconisis Conditions if any, which gave	
S, 301 W. Ples should be en ward "per o the Chief burial-tronsit in any even		rise to immediate couse (a), stating the underlying cause lost. (b) ————————————————————————————————————	
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F VIIT This ifficate J be ald be ar re		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO 18.)
DIVISION OF V EXAMINER: TI ute the certifica age 4 should bi your files. Page 3 should , crematian, ar	MEDICAL	WHILE NOT WHILE foctory, office building, etc.)	Caunty State
AL Xec Xec For For Portiol,	8	22a. 1 certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	, ,
MEDICAL please exe directar. F retained for		ACTUAL CHIEF MEDICAL EXAMINER	
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Th CITIZEN OF WHAT COUNTRY? MARRIE WIDOW	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF	/ HATTERICO, N
11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FALLSTON GENETAL HOS	- 1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	121 KIND OF BUSINESS O INDUSTRY Agriculture
ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY IZE CITY OR TOWN BET HERE	134 INSIDE CITY LIMITS? YES MO	136 STREET ADDRESS	Stret
MODIE BIALDWIN	15 MOTHER'S MAIDEN NAM	MIDOLE B	Aldwin
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DECEASED NAME TYPE OR PRINTE hn 3. SEX MALE TO BIRTHPLACE ISTAJE OR FOREIGN MARYLAND 10 CITY OR TOWN OF DEATH Fisher USUAL RESIDENCE LIF NURSING HOME O 13a STATE 136 COU MARTHIADO HAT 14 FATHER'S NAME FIRST John 160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) I LIE YES GO MO 213-38-8720 Mr. J. Rush Baldwin, ILL DEITA PENNSYlvania 1731 AMERICAN ATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far, (a), (b), and (c) PART I DEATH WAS CAUSED BY Carebroundar Accident BILA tern IMMEDIATE CAUSE (Q). DUE TO OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOM YES [NO F 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 MEDIC 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN V 224 PHYSICIAN'S NAME LIVPE ORPRINTS 22ª ADDRESS IN STON HUG 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE

(SPECIFY) Rock Spring Epise, Ch. CEM. Burial 24 FUNERAL DIRECTOR Williams 34 JESMEPH William Fo DET Arm Marylitary 21016

Forest Hill, Harrond Co, Manyland 21050 254 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

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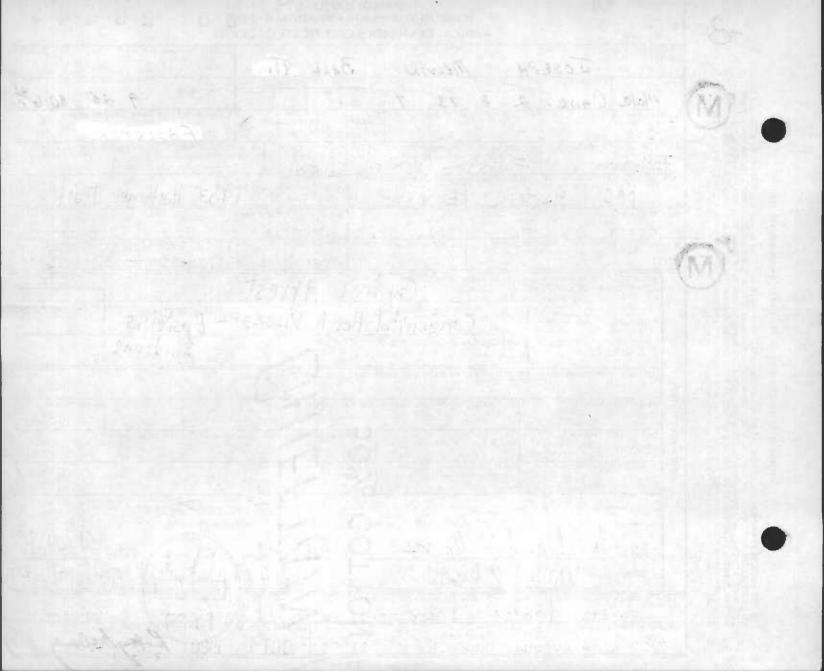
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STATE OF MARYLAND



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w requires that the death certified is signed by the attending phys	ir to burial, cremation, or remov iny injury, or other traumatic ev	TIFICATION	Canditions, if any, wh gave rise to immedic cause (a), stating to underlying cause to	AUSEDIATE C	DUE TO, OF	RAS A CONSE	QUENCE O	Pulpus ou Channel OUT NOT RELATED TO THE TER	RMINAL	DISEASE OR CONE	DITION GIV	VEN IN PART 1	0,
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Anatomy Board

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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INDUSTRY

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- STATE CERTIFICATE OF DEATH REGISTRAR REG NO ECEASED NAME CathETINE 20 DATE OF DEATH MONTH Annabell lackiston S. DATE OF BIRTH 27 4 RACE 3. SEX & AGE LIN YEARS LAST BIRTHDAY) White emale 99 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Maryland. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) -alls Ton Housewife OY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 134 INSIDE CITY LIMITS? 13. STREELADDRESS 128 YES P NO [Courtland Har TOTE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST FIRST EIL MIDDLE JOHN HOUNDELJEL 17 INFORMAN (DAUSTELL) 838-4082 ADDRESS COURTHAND PLACE Me WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO IYES, NO OR UNKNOWN I IN YES, GIVE WAR OR DATES) Mrs. BEHY LEE CASE NO BET Air MARYLAND 21014 11 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF melastate caremoure Canditions, if any, which gove rise to immediate Paule undetermined couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? a. 4.80 wer ou. NOF 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | CITY OR TOWN NOT WHILE WHILE AT WORK AT WORK 220 | certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on_ ___, and that in (my) (our) ppinion death occurred on the date and haur and from the couses stated abave, (II (we) faid) (did not) view the body after death.

FUNERAL Fuld be detach

O

DHMH-16 25M (VRA 15, 4) 1/79 230 BURIAL CREMATION, REMOVAL __LSPECIFY) Burial

224. PHYSICIAN'S NAME ITURE OF PRINTS

22h SIGNATURE

FOR

236 DATE SENT, 10, 1980

a. W.

234 NAME OF CEMETERY OR CREMATORY BEL Air Michiganal GARdens

DEGREE

22e ADDRESS

ATTENDING

23d LOCATION CITY OF TOWN Bel Air Harford Co.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Maryland 21014

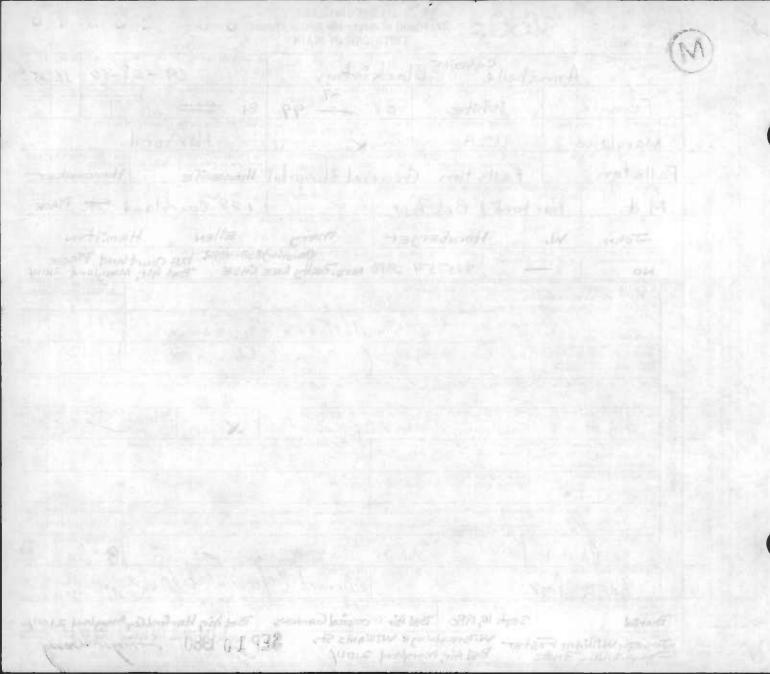
774 DATE SIGNED

YES 19

24 FUNERAL DIRECTOR WITHIN FOSTE WiBrogalway & Williams St. 250. DARS BEL Air, Marylind 21011 mile willen Frotte

nu i

BY REGISTRAP 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

the property of the property o

3. SEX 7a. BIRTHPLACE (State or foreign country) Pa. ID CITY OR TOWN OF DEATH 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 14 FATHER'S NAME Orval Welker 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a), stoting the underlying couse DIVISION OF VITAL RECORDS. 19g, DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE DF DEATH (If either, notity medical exominer) 21d. INJURY OCCURRED While Nat while at wark saw the deceased alive an____ 22b. SIGNATURE 22d. PHINTIAN

NAME (Type)

23g. BURIAL CREMATION.

24 FUNERAL DIRECTOR

23b. DATE

Abingdon, Md. 2100

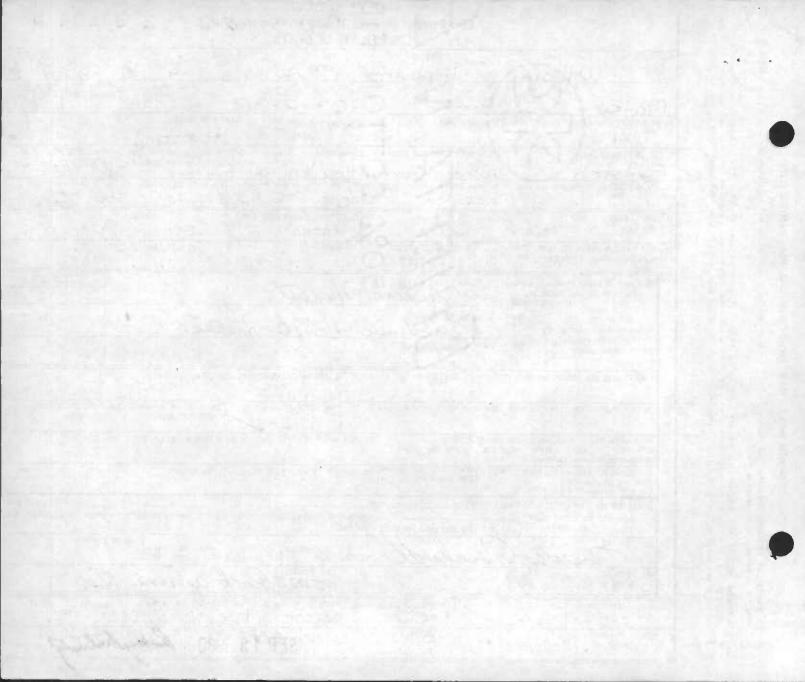
1. DECEASED-NAME

(Type or print)

First

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR 01 IF UNCER I YEAR IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS White 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA DIVORCED [WIDOWED | 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane during mast af warking life, even if retired.)
Penn Central RR Conductor 13d INSIDE CITY EIMITS? 13b. COUNTY ar ford YES NO X 1547 Joppa Farm Rd. Joppa 1S. MOTHER'S MAIDEN NAME First Middle Clark Frances Phleegor Edna 547 Joppandererm Rd. 17. INFORMANT 16b. SOCIAL SECURITY NO. 216-01-1848 Anna B. Clark Joppa, Md. APPROXIMATE INTERVAL DUF TO OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da AUTOPSY? CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town . 19 . . to _____, that (I) (we) lost 22a. I certify that (1) (this hospital) attended the deceosed from. ___, and that in (my) (aur) apinion death accurred an the date and haur and fram the __19_ causes stated above. (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED MED. DIRECTOR DEGREE 22e. ADDRESS 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Woodlawn Cemetery Baltimore City Md. BoxADDAS37 Cokesbur Howard K. McComas III

DHMH - 16 3/72 25M (VR A15 (4))



s house as well as

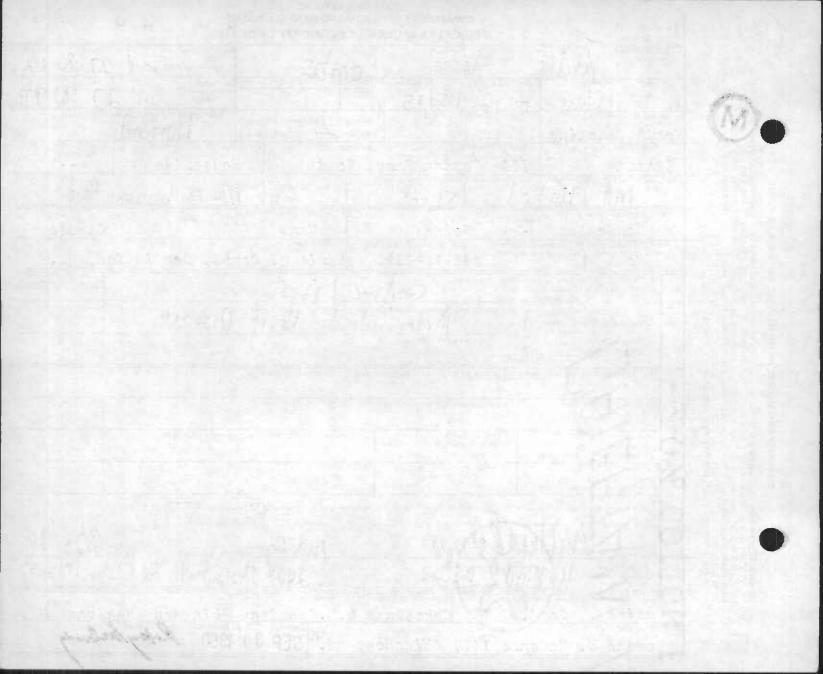
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STATE OF MARTLAND		40.00		20	,0
PARTMENT OF HEALTH AND MENTAL HYGIENE 🔠	2	3	3	5	1
CAL EXAMINER'S CERTIFICATE OF DEATH	9.46		- 4-		
CALEXAMINER'S CERTIFICATE OF DEATH	REG. NO.				

	1 - :	FOR STATE REGISTRAR	DEPARTMENT MEDICAL EXAM	OF HEALT	H AND MENTAL HY	GIENE ()	2 3	3 5	0
	I DEC	EASED NAME	ALICE	(4	2dm	OF	REG. NO. (NOWN I H ESTI- MATED	DAY YEAR VE	HOUR
	3 SEX	F COMC	S DATE OF BIRTH MONTH DAY 195 85	BIRTHDAY) MON	DER TYR. IF UNDER 24	4 HRS. 2c. DATE PRONOUNG DEAD	CED 9	7 19 0 0	HOUR
10	FOR	RTHPLACE (STATE OR REKON COUNTRY) rth Carolina	USA		NED NEVER MARRIED		THE CITY, OR COUN	TY OF DEATH	MD.
0	S	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADD 1114 Poplar G	rove 1		FOR MOST OF WORK House		OR INDUSTRY	
E	USUA 13a. S1		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A RY 136, CUTY OR TO		13d INSIDE CITY LIMITS? YES NO X	30 STREET ADDRES	5 2 6 10V	e Road	
20		THER'S NAME Henderson	MIDDLE Joines		15. MOTHER'S MAIDEN HERST Mary	Ann	DDLE	Crouse	
1	16a W (YE	(IF YES, GIVE V	AED FORCES? WAR OR DATES) 2 1 2 - 1 6 - 8		Lewis H.	Combs, 1	Darlingt	on, Md.	
		Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	MCE OF NCE OF	Arrest Hear	7 9 10 0	526	APPROXIMATE INI BETWEEN ONSET AN	
0	FICATION	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO TH			1 a		20 AUTOPSY?	
7	CERTIFIC	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	21c H	OW INJURY OCCURRED	A SOLITAL DATING	IDV (b.) (TEM) O DADY OB D	YES D	NO 🗆
3	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M. 1	YEAR		TENTENTAL OF MAJO			
	MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)		OCATION STREET	CITY OR TOW	N CO	PINUTY	STATE
0		ACTUAL SIGNATURE	e of the remains described above, held al causes (A). Accident (I),	Suicide A	nspection Inspection Inspect	Undetermined man	DATE	ED A DO 200	0
04		(TYPE OR PRINT)	1910 1 Pross	E CEMETERY	ADDRESS 240 Y	PASSANVI 1230 LOCATION	11 14 15	3 km 1. NTb	1)]
	E	Burial Sep	t.30,1980Cokes			ry Abino			d.
		NAME Howard K. McC	omas III, Abin	gdon,	Md. SEP 3	30 1980	75b GISTRAR'S	GNATURE	

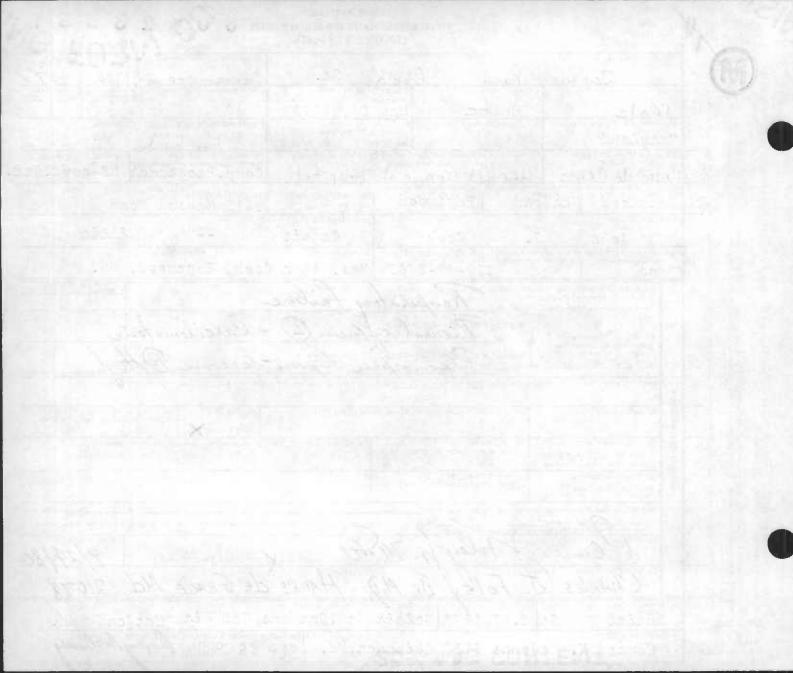


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	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competed limit in the time of the time as the burial-transit permit. Then please remove carbon papers. Pages I am 2 should be mind within 12 mounts to burial, the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilied. In 1971 in the internal transit permit. Then please remove carbon papers. Pages I and 2 around be filled within 17 minute. It is marked for use as the burial Hygerie prior to burial, cremation, or removal. WIPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the fillings.

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
		EASED NAME	FIRST	^ ·	NIDDLE		AST	28 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 30	
		T	N	Paul		OOK	Sr.	Sr. September 24, 1980				
	3 SEX		4 R	RACE		5 DATE C	BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)			UNDER I YEAR	IF UNDER 24 HRS	
1	0	nale		Whit	-e	May	26, 1920					
1	co	THPLACE (STATE OR FOR			WHAT COUNTRY?	MARDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
2	Ma	ryland	1	ISA		WIDOWE						
1	10 CI	TY OR TOWN OF DEAT			OSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST COMP. PLO	OF WORKING LIFE!	INDUSTRY	OF BUSINESS OR	
1	HA		CC	+AC to	rd Memo		Hospital	Comp. Pro	gramer	4 43-6	jour. Ken	
	13a S	tate ryland	lar fo		Edgewo		134 INSIDE CITY LIMITS? YES [[] NO []	13 street Address 2412 Han	son Ro	ad		
	14. FA	THER'S NAME	MIDD	N. G	LAST.		IS MOTHER'S MAIDEN NAM	ME			St /	
C		John	J	•	Cook		Carrie		u	illi	z R	
		AS DECEASED EVER IN	US ARMEE		166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADD				
	(4)	NO	(IF TES, GIVE WA	2	19-07-2	463	Mrs. Alma (Cook, Edg	ewood,	Md.		
	NOI	Conditions, if any, gove rise to imme cause (a), stating underlying cause	(b) DUE TO, OR	PREUR A	ENCE OF	fusion ().	+ Carcin Farcoma	oma for	N SPART 10	01		
	CERTIFICATION	190 DATE OF OPERATE	ON	196. CONDITION FOR WHICH OPERATION						WERE FINDI	NGS USED S OF DEATH? NO	
		2 TO ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	216 TIME OF HOUR A.F	M. MONTH D.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PAI	RT 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LE [7]	21R PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
1											that (1) (we) last couses stated SIGNED 24/80	
	10	URIAL, CREMATION, R BUTIAL		136 DATE t. 27,	/		emetery or crematory Mem. Garden	s Bel Ai		ford	Md.	
							Int DAT	F BECID BY BECKETOA	DIRECT DESIGNATION	A DIC CAPALAT	DA IDE	

DHMH-16 25M (VRA 15, 4) 1/79

14 FUNERAL DIRECTOR
HOWard K. McComas IIT, Abingdon, Md.

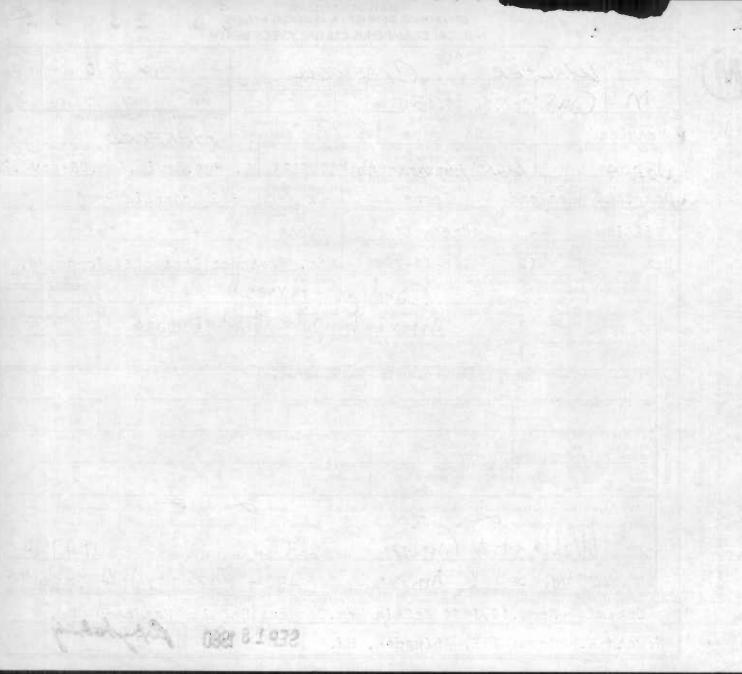


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STATE OF MARYLAND

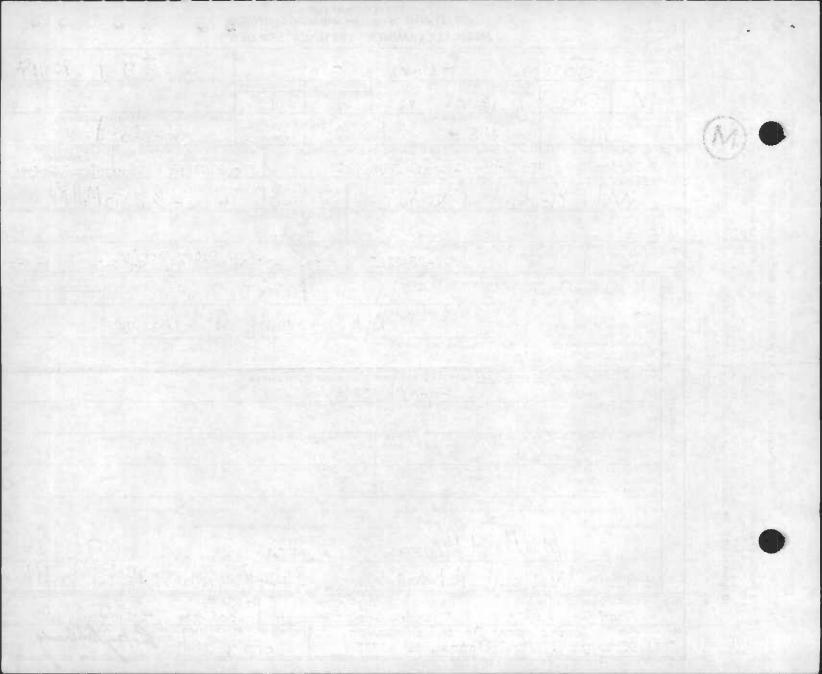
19 05 126 KIND OF BUSINES RD. Hvy. Equip. Opr. US-govt. Re 13. STREET ADDRESS
625 Magnolia Road Dolan Mrs. Florence Creswell. Joppa. Md. BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [NO [COUNTY Md.

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	AL EXAMINER : THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA	he certificate, writing the word "pending" in Pencil in Item 18. Give Pages 1, 2, and 3 to 1 in differ	HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PARE	AL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED.	th, with the state department of health and mental hygiene, division of vital Records, 3	5
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	PE OR PRINT)	das	HEnry		KONS	OF ESTI-	9 1 . 80 11
3 SE		S. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHD		IDER 1 YR. IF UNDER		MONTH DAY YEAR 2d.
	W CANG	6 18	1930 80 x		HS DAYS HOURS	MIN PRONOUNCED DEAD	19
To E	PREIGN COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	8. MARR	ED NEVER MARR	IER L	OR COUNTY OF DEATH
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E OR OTH	ER INSTITUTION	120. USUAL OCCUPATION (TYP	E OF WORK 12b. KIND OF BUSIN OR INDUSTRY
-	Fallston		General Ho		77	Stock Clerk -	Cloverland Dai
	AL RESIDENCE (IF IN NURSING HOM STATE 13b. COL		VE RESIDENCE BEFORE ADMISS		13d INSIDE CITY LIMITS?	130 STREET ADDRESS 4 BS	blwin Mill Rd
14. F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID!	EN NAME MIDDLE	LAST
	Josh		Crone		Betty		Porter
168.	WAS DECEASED EVER IN U.S. A (E5, NO, OR UNKNOWN) (IF YES, G1	RMED FORCES? /E WAR OR DATES)	212-03-31		14104 Bal	Mrs. Betty Mur dwin Mill Rd.,	phy Baldwin, MD 21
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	inly ane cause per line ED BY: ATE CAUSE (a)		rd,	éc Arri	25	APPROXIMATE INTE BETWEEN ONSET AND
	4140	DUE TO, OR	AS A CONSEQUENCE	98.1	- 0/000	12 16 to h.	9259
	Candifians, if any, which gave rise to immedia	le (b)		Jakk	1108 (1010	tic Hert Dis	(52)
	cause (a) stating the <u>under</u> lying cause last.	DUE 10, OR	AS A CONSEQUENCE	OF			1 1 1 E 1 E 1
	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEAS	OR CONDITION GIVEN IN PA	RT 1 (a	
NO.			Emph	vse	ma		
ICAT	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	RATIONW	AS PERFORMED?		20 AUTOPSY?
CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	INTERV	21c H(OW INTERPORTURE	D (ENTER NATURE OF INJURY IN ITEM 18	YES N
	UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M	MONTH DAY YEA	R	JW 11430KT OCCORRE	D (EMERINATORE OF INJURY IN HEM 10	ART I ORPART 2)
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION	CITY OR TOWN	COUNTY
2	WHILE NOT WHILE					CHI ON TOWN	COUNTY
	22a. I certify that I taak cha	rge af the remains des	cribed abave, held an	Autap	sy . Inspectio	n Inquiry an	d in my apinian
	death resulted fram: Na	ural causes.	Acciden Su	oicide	, Hamicide .	Undetermined manner .	1 10
	ACTUAL SIGNATURE	Villard	MMos	M	D. ASSI D	MEDICAL EXAMINER	DATE SIGNED 92
_	EXAMINER'S NAME (TYPE OR PRINT)	DVG	P. Amos	3	ADDRESS 240	4 Prosantville	Ry Fallston N
E /	URIAL, CREMATION, REMOVAL		23c. NAME OF CE.			23d. LOCATION CITY OR TOWN	COUNTY STATE
24 F	UNERAL DIRECTOR Town	9/5/80 En	Lorraine	Park	Cemetery	Woodlawn REC'D. BY REGISTRAN 256. RE	Baltimore MD
8	28 Liberty Rd.	. Randalls	stown. MD 2	1133	J. A. DATE	1000	wifing / Holvody
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MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20 DATE KNOWN First Day (Type or Print) DEATH MATED MORR TS IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 19 80 4:00 White YRS 3 August 1930 ate Depart 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED | DIVORCED [alang with farm Harford Maryland Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR during most of working life, even if retired (
Civilian Gunner

13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER Il Grant Street Aberdeen 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Marvland 13b. COUNTY 11 Grant Street Aberdeen 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Cullum Catherine Morris Elwood = 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 301 W. PRESTON STREET, (Yes, no, or unknown) (If yes give war or dates of service) 212-26-6338 Fay Cullum, 11 Grant St. Aberdeen, Md. 2100 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) within BETWEEN ONSET AND OFATH shauld be executed permit. ward pending the Chief Medical PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF event burial-transit Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse C forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) This certificate 3 should be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T the certificate, 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING EXAMINER: cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County foctory, office building, etc.) WHILE NOT WHILE DAT WORK may be retained far yaur FUNERAL DIRECTOR: Page 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection ... Inquiry ond in my opinion burial DEPUTY MEDICAL Natural couses . Accident . Suicide . death resulted from: Hamicide Undetermined monner the funeral directar. please CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may O FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Harford Maryland Bel Air Mem. Gardens Bel Air Buria 24 FUNERAL DIRECTOR VR A15ME (5) Tarring Funeral Home, P.A., Aberdeen, Md. 21001 DATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. N	10.		
	CEASED NAME OR PRINT)	FIRST	OA	MAY	Ci	ct/20	(6)	DATE OF DEATH	3 年 学 学 学 学 学 学 学	80	26 HOUR 3
3 SE)	FEMALE		RACE	ic.	S. DATE (YEAR 6	AGE (IN YEARS LAST BIR		MONTHS DAYS	IF NOER 74 H
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	VAS DECEASED EVER LES, NO OR UNKNOWN)	(IF YES, GIVE V		203-21	URITY NO 4-823		-		Ridge	E ROAN	12116
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8 shows any in	19a DATE OF OPERA	TION	196 CONDI	- R	-	N WAS PERFORMED	D	20a AUTOPSY? YES NO M	IN CERTIF	, WERE FINDING CAUSES	
dor Hem 18 sh	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR	CAUSE OF DEATH	21b. TIME O HOUR A P.	M. MONTH D	DAY YEAR	21¢ HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, P	ART 1 OR PART 2)	
orkedo		HILE IT	(AT HOME, STR	EET, FACTORY, OFFICE.	FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
m 21 is m	22a I certify that (1 saw the decease above, (1) (we)	ed olive on_	7/2d	19_	80 .01		opinion dea	oth occurred on the d	ote and hou	r and from the	
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230 6	URIAL, CREMATION	REMOVAL	236 DATE			EMETERY OR CREM		23d LOCATION	1,115	COUNTY	STA

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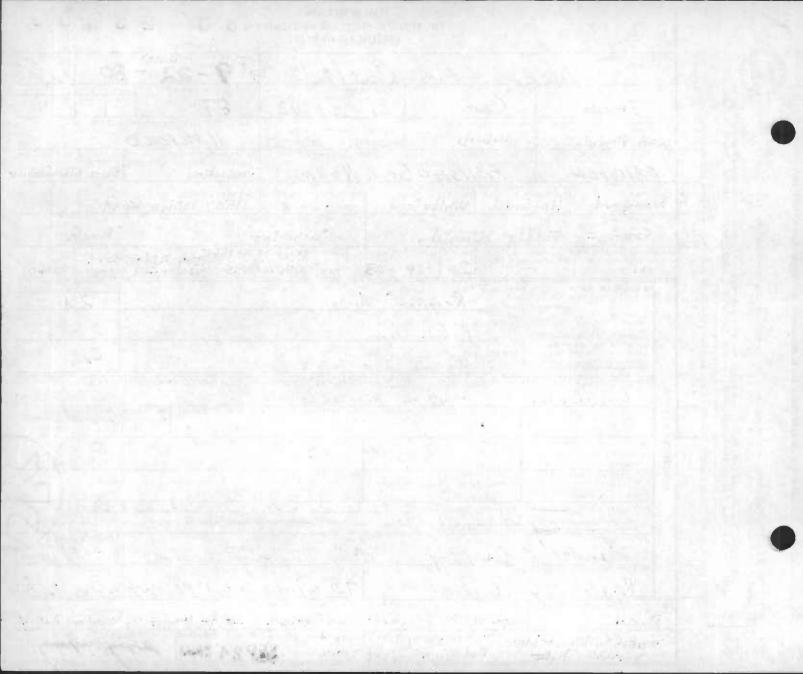
TO HOSPITAL OR ATTENDING PHYSICIAN THE retained by the hospital or attending physician.

DHMH - 16 60M 7/73 (VR A 15 (4)) 24 FUNERAL DIRECTOR WISHINGTON TOSTET MIBRORISS

WiBrogalishy & Williams St. Bel Air Mongary 21014

SEP 9 4 1984

REGISTRAR'S SIGNATURE



4	0	1.	FOR STATE REGISTRAR		DEPARTN	LENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0	2 3 5
	(M)	(TYPE	CEASED NAME FIRST OR PRINT) EARL	Α.	CU'	TTERI)GE	20 DATE OF DEATH	9 - 19- 80
	ge 4 m	3 SE	X EMALE	4 RACE WHITE		5 DATE O	F BIRTH 10- 95 YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS
•	neral dire	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED O	31 -0-	RECOUNTY OF DEATH
10	oy the fu	10 €	IN OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOSTO	F WORKING LIFE) INDUSTRY
ND 2120	filled in I	13a S	AL RESIDENCE (IF NURSING HOME COLORSTATE 136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW HAVRE- Î	V 1	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	n nH.
MARYL	mpletely and 2 sho	14 F/	ATHER'S NAME FIRST	MODIE	SMAN	,	15 MOTHER'S MAIDEN NA FIRST VERS A	DE ME	ESIE
IMORE,	in and co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES]	3/3 OS	RITY NO	WM, HA.	MOND	SS 733 FA JOPPATO
N ST., BALI	th certificat ding physicis bon papers. or removal. umatic even		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA	ATE CAUSE (a)	rlino	Sel	entre C	antiovas	2 Cliff
, PRESTON	the attencement remove car		Canditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OF	AS A GONSEOUE	pue	my engly	psema	
05, 201 W	requires to signed by en please to burial, y injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	Braun S	MAL DISEASE OR CON	DITION GIVEN IN PART 1
I RECORDS,	e has been ermit. The energy shows any	RTIFICATIO	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20% IF YES, WERE FINDE IN CERTIFYING CAUSE: YES
OF VITAI	r/SICIAN hysician. certificat l-transit p ntal Hygie Item 18	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER NOTIFY MEDICAL EXAMINE	EATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	1 0	
DIVISION OF	tending p tending p After this the buria th and Me	MEDICAL	214 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE			21f LOCATION STREET	CITY OR TOV	YN COUNTY
0	ATTEND pital or at ECTOR: 7 for use as for Use as or Dealth		22a certify that (1) (this hose saw the deceased alive o obove, (1) (we) (did) (did n	n	19	, an	d that in (my) (our) opinion	, ta death occurred on the de	nte and hour and from the

EN IN PART TO , WERE FINDINGS USED YING CAUSES OF DEATH? S NO [ART I OR PART 2) COUNTY STATE 19_____, that (I) (we) last and from the causes stated TIL DATE SIGNED TO FUNERAL DIR should be detached with the State Dept IMPORTANT: If Its ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR ARBOT) 12e ADDRESS 230 BURIAL, CREMATION, REMOVAL (SPECIFY) PEN OVAL 23d LOCATION 236. DATE 231 NAME OF CEMETERY OR CREMATORY STATE COUNTY 24 FUNERAL DIRECTOR ADDRESS 20 MA

2h HOUR

COUNTY MD 126 KIND OF BUSINESS OR

LAST

S-ALCONER ATOWNE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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DHMH-16 25M (VRA 15, 4) 1/79

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO						
		CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 24 HOUR 30					
	Titre	Joseph,	No Mary	Marina	September	2198012AM					
	3 SE			5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS					
		Female	White	9 27 1900	79 YRS	MONIHS DAYS HOURS MIN					
-		RTHPLACE (STATE OF FOREIGN 7)	LOUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH					
1		Italu	11.S.A. 1	WIDOWED DIVORCED	Harford	MD					
/	10 C	TY OR TOWN OF BEATH	1. NAME OF HOSPITAL, NURSING	DDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12% KIND OF BUSINESS OR					
9		AL RESIDENCE HE NUESING HOWE OF O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	rs Haspital	HOUSEWIFE	JAME					
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7	14.54	THER'S NAME	16A) A 1900	IS MOTHER'S MAIDEN NAM	ME MODEL C	t sest "					
Ď		ANTRONY	Marchan	Domeni	co ()	namelle					
		VAS DECEASED EVER IN 3. ARM		ITY NO. 12 INFORMANT	ADDRESS						
		NO NO	213/60	1939 hmarin Dima	URO - WO 21 CH	APET ROAD					
		II. CAUSE OF DEATH (Enter only	one count per line for min. and	1 ·	2 1 1	RETWEEN DIGET AND DEATH					
		PART DEATH WAS CAUSED		Muemes.	CUH						
		2500									
		Conditions, if any, which	DUE TO, OR AY A TO SEPTEM	5001)							
		gave rise to immediate cause in stating the	10000								
		underlying couse lost.	DUE TO, OR A A CONSEQUEN	wills mil	lilles						
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P									
	NO.	7.11.12.21.12.21.21.21.21.21.21.21.21.21.	A CONTRACTOR OF SECTION OF SECTIO	CALLY OF THE PARTY OF THE PERSON	THE DISERSE ON CONTINUES	The second secon					
7	CERTIFICATION	Hs. DATE OF OPERATION	1% CONDITION FOR WHICH O	PERATION WAS PERFORMED		ES, WERE FINDINGS USED					
Į.	1		D145 PO 3135		CANCEL TOTAL CONTRACTOR	YES NO NO					
5	8	THE ACCIDENT WAS UNDERLING.	21h TIME OF INJURY		ED (ENTERNATURE OF MUST HAVE WE	E PART DEPART II)					
	4	OF CONTRIBUTING CAUSE OF TRATE	HOUR AM MONTH DAY	TEAR 19							
	WEDICAL	ZIE INJURY OCCURRED	21# PLACE OF INJURY	ZII LOCATION		The same of the sa					
	18	WHAT D NOTWHEE D	CAT HOME, STREET, FACTORS, OFFICE, FAR	BH. (IC) SIME	City OF TOWN	COUNTY MAN					
		77s I certify the All (this hospital	ili attended the deceased from	8-30 10 80	10 9-2	19 80 that (II (we) lost					
		above. (If we grid idid not	19	and that in imy! (our) opinion s	death occurred on the date and h	our and from the cyuves stated					
	13	27h SIGNATURE	The Godyphy Geom.	DEGREE .	,	THE THAT ENGINED					
		19min	Dun	ATTENDING PHYSICIAN	MEDICAL STAFF	1/2/80					
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	1 (/ JOHN	19 Vul	Votan	ede pa	4. Mes					
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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: should be detached for use in with the State Dept. of Heal

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REGISTRAI	2	ME	DICAL EXAM	AINER'S C	ERTIFIC	CATE OF D	EATH	REG. N	10.		
1. DECEASED N.	AME FIRST		MIDDLE		LAST		2ª DATE OF	ESTI-	MONTH	DAY YEAR	
	Carl		Ray	I	Evans		DEATH	MATED (X 9	6 19 8	0
3. SEX	4 RACE	DATE OF BIRTH		IN YEARS IF UN	IDER 1 YR	IF UNDER 24 HR		CED	MONTH	DAY Y AF	R 2d HOL
Male	White	Oct. 25,			DAYS	HOURS MIN	PRONOUN DEAD		9	6 19 8	0 ¹ a:
7a BIRTHPLACE		76. CITIZEN OF WH		8 MARRI	ED NEV	VER MARRIED				TY OF DEATH	
Mississ		U.S.A.		WIDOW		DIVORCED [d Cou		N
O CITY OR TOV	/	(IF NOT IN SUCH FAC	PITAL, NURSING H	RESS)		- F	OR MOST OF WORL		PE OF WORK	12b KIND OF E OR INDUS	STRY
Aberde	en		Tracks-		Cross	ing	E-1			U.S.A	rmy
30 STATE	TOLCOUN	ITY YTT	13c CITY OR TOV		13d. INSIDE CI		STREET ADDRE			25 10	
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14 FATHER'S NA	ME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME W	IDDLE		LAST	
Lenfor		-	Evans			etty				ix	
160 WAS DECE	ASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SEC		17 INFORA	MANT		ADDRES	S		
Yes	Activ	re Duty	005-72-8	3842	Lenf	ord Evan	s (Fatl	ner)	same a	as #13.	
18 CAUS	E OF DEATH (Enter on	D. DAY									ATE INTERVAL
PARI	I DEATH WAS CAUSE	TE CAUSE (o)	Multip	le Inju	ries						
78	89	DUE TO, OR	AS A CONSEQUEN	NCE OF							
	ition, if any, which rise to immediate										
cause	(a) stating the under-		AS A CONSEQUEN	NCE OF		77	TO THE				
lying	couse last.	(c)									
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	RUT NOT RELATED TO THE	E TERMINAL DISEAS	OR CONDITION	N GIVEN IN PART 1 a					
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WHILE	NOT WHILE X	STREET, FACT	ORY, FARM, ETC.)		TREET		CITY OR TO	WN	CO	UNTY	STATE
AT WOR	AT WORK	rai	lroad tra			rossing	, Aberc	leen,	Hario	ora, Mai	rylan
220.1	ertify that I took charg	ge of the remains des	cribed above, held	an Autop	XX XX	Inspection	. Inquiry	□. □	nd in my ap	pinian	
death re	sulted from Notu	rol couses .	Accident ,	Suicide	, Homic	ide Un	determined mo	nner X			
	Mais	TA		0	TITLE (S						
ACTUAL	IRE	mello	you	× M	Assi	istant	MEDICAL EXAM	LINER	DATE	9-7·	-80
EXAMINE	R'S NAME Marg	arita A.	Korell. M	1.D.		111 P	enn Str	eet			
	MATION REMOVAL			F CEMETERY C	P CREAMATO		I. LOCATION				
PECIFY							CITY OR TOWN	inaa	Toga		Mom
Buria 24. FUNERAL D		Sept/18/80	Zion	Hill Ce	meter	250 DATE REC D	BY REGISTRA	R 256 REC	PARARSS	er Co.,	
NAME		ADDRESS				250 DATE REC D	9 9 100	1 7	continue	Malhan	and he

Chambers Funeral Home Riverdale, Maryland

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DHMH-16 25M (VRA 15, 4) 1/79

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- 1		EASED NAME FIRST		MIDDLE	L	AST .	20 DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
		ALTER EMIL F	ABIAN					9 36	6 80	9.00
	3 SE)		4 RACE		5 DATE C	F BIRTH	& AGE (IN YEARS LAST BIRTH	DAY) If I	UNDER 1 YEAR	IF UNDER 24 HR
		Male	Whit	0	MONTH 05	15 1918	62		NTHS DAYS	HOURS MIN
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	14 FA	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN NAM			LAST	
10		Martin	MIDDLE	Fabiar	1	Marie	MIDDLE			scher
	Iás. V	AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDRES	55		
	{ ¥		GIVE WAR OR DATES)	172-10-4	1748	Georgia L.	Rogalski	301	Wake	field
		18 CAUSE OF DEATH (Ent	v anly and says a	r line for (a) (b) and	Lieus					MATE INTERVAL ONSET AND DEATH
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	Z	PART 2 OTHER SIGNIFICA	NI CONDITIONS C	ONTRIBUTING TO L	EAIN BUI	NOT RELATED TO THE TERM	IN AL DISEASE OR CONL	II ON GIVEN	IN PART ITO	,
-	CERTIFICATION	198 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, V	WERE FINDIN	4GS USED
9	IFIC						YES TI NOW	IN CERTIFYIN	NG CAUSES	OF DEATH?
4	ERT	718 ACCIDENT WAS UNDERLYIN	216 TIME C	OF INJURY		21c HOW INJURY OCCURR			1 OR PART 2)	140 []
1		OR CONTRIBUTING CAUSE C	F DEATH HOUR A	M MONTH DA						
	WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED		OF INJURY	19	211 LOCATION				
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	12	AT WORK AT WORK			9-	25 871	0 -	26	80	
		27a certify that (1) (this h	10	1 (-	nd that in (my) (our) opinion d	leath accurred on the do	19.	-	that (I) (we) lo
		above, (1) (we) idid) di					Jean occurred on me do	e ond nour d		
		226 SIGNATURE	EN	,	1	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF		Q-	26-80
		224 PHYSICIAN'S NAME H	YPE OR PRINT)			22R ADDRESS				0.100.110
		B. PARE	KH M	10.		1131 Belai	ir Rd. E	Salto	W)	21014
	23e B	URIAL, CREMATION, REMO	VAL 236. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	1234 LOCATION			*****
	B	urial	9/2	9/80 Ga	rden	s of Faith	Overlea		Ltimo:	re Mo
	24. FU	INERAL DIRECTOR				25a DATE	REC'D. BY REGISTRAR	Sh REGISTRA	R'S SIGNAT	URFI
9	La	ssähn Funer	al Home	7401° E	elai	r Road	SED 2.9 1981	pro.	fry/h	- Chory
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	. DEC	EGISTRAR EASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE KNOWN X MON	H UAY YEAR 16 HO
	litre	Emoi	3		DEATH MATED 0	4 19 80
Ľ	sex Mal	le White	S DATE OF BIRTH MONTH DAY A 26 37	AGE (IN YEARS IF UNDER 1 YR. IF UND LAST BIRTHDAY) MONTHS DAYS HOURS 43 YRS.	DER 24 HRS 20 DATE MONTE PRONOUNCED DEAD 9	4 19 80 P
Ī	600	THPLACE ISTATEOR EIGHCOUNTRY ATYLAN d	76. CITIZEN OF WHAT COUNTS	MARRIED TO NEVER MA	RRIED 9 BALTIMORE CITY OR COU	
1	O CIT	YOR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS	SING HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORF FOR MOST OF WORKING LIFE) Sales Manager	
	3a ST	ATE 136 CO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BI JUNTY 13c CITY C	EFORE ADMISSION) DR TOWN Air YES NO		21014 Lane, BelAir
	14 FA	THER'S NAME Henry		ey Haze		Countess
		AS DECEASED EVER IN U.S. S. NO. OR UNKNOWN) . (IF YES, O	ARMED FORCES? 16b. SOCh	AL SECURITY NO. 17 INFORMANT	ADDRESS rey, wife, same a	
	7	Conditions, if any, wh gove rise to immedi couse (a) stating the <u>unc</u> <u>lying couse last.</u>	DIATE CAUSE (o) DET DOIT TO DIE TO OR AS A CONS (b) DUE TO, OR AS A CONS (c) CO			BETWEEN ONSET AND DEA
4	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED?		20, AUTOPSY?
I	Inn	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH,		RRED (ENTER NATURE OF INJURY IN ITEM TO PART I OF	
	ICAL CER	UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH ? P.M. 9/1	17	naled auto exhaust f	umes
	HCAL	CONTRIBUTING CAUSE	OF DEATH PLACE OF INJURY	(AT HOME, 21f LOCATION STREET		umes arf. Co., Md.
	HCAL	CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22e. I certify that I took of death resulted from: N	OF DEATH PLACE OF INJURY	(ATHOME. 214 LOCATION STREET 2114 Princeto	on Lane Bel Air H.	arf. Co., Md.
	MEDICAL	CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22e. I certify that I took of death resulted from: ACTUAL SIGNATURE	OF DEATH ? P.M. 9/1 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC garage at carge of the remains described above atural causes Accident Accident	Assist	on Lane Bel Air H.	county arr. Co., Md. Md. y apinian

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STATE OF MARYLAND

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4	(08)	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0 2 3 5 6 2
,		I DECEASED NAME PRIMABEL MIDDLE	Grinage	Sentember 17 1980 47
	age 4 may ector, pa s after d	Female Black	S DATE OF BIRTH MONTH DAY YEAR 1/29/1908	# UNDER 1 YEAR # UNDER 24 HRS # UNDER 1 YEAR # UNDER 24 HRS
	neral dire	76 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHA		BALTIMORE CITY OR COUNTY OF DEATH
10	urs after by the fu ed within		ITAL, NURSING HOME OF OTHER INSTITUTION NITY, GIVE STREET ADDRESS) OF MEMORIAL HOSPI	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Minister/Homemaker Home
ND 212	rin 24 ho	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE 138 STATE 136 COUNTY)	RESIDENCE BEFORE ADMISSION) COTY OR TOWN 134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 514 FIRST ST
MARYLA	mpletely nd 2 shou	14 FATHER'S NAME HERST HERST HERST HERST HERST HIDDLE	LAST LUIA	MIDDLE BOOK LAST
IMORE,	on and co Pages 1 a	(YES, NO OR UNKNOWN) YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17 INFORMANT Aber 7-26-1898 Howard L. So	rdeen, Md. 21001
T., BALT	physicial papers.	18 CAUSE OF DEATH (Enter only one couse per line of PART I. DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N	din din	11.4 4.	CONSEQUENCE	

DUE TO, OR AS A CONSEQUENCE OF

CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior TO FUNERAL DIRECTOR: 230 BURIAL, CREMATION, REMOVAL Burial BP.

DHMH-16 25M (VRA 15, 4) 1/79

After this certificate has

other

marked or Item 18

ORTANT

23b. DATE 9/20/1980

obove, (I) (we) (did) (did not) view the body ofter deathy

23c NAME OF CEMETERY OR CREMATORY

DEGREE

220 ADDRESS

ATTENDING PHYSICIAN

234 OCATION CITY OR JOWN Aberdeen

MEDICAL

Th. DATE SIGNED

12h KIND OF BUSINESS OR

MD

STATE

24 FUNERAL DIRECTOR

22h SIGNATURE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Conditions, if any, which

gove rise to immediate couse (o), stoting the

couse

underlying

Mt. Calvary UAME

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

COUNTY Harford

Md.

Tarring Funeral Home, P.A. Aberdeen, Md. 21001

tologies, c. or 1 1 t. cent

Tarrian Summan Tone, P. A. Aberton, MS. 21 Al

1 9/20/19/0 | t. 1-1-1-1

FOR

COUNTRY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

24	100
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2ª DATE OF DEATH

REG. NO.

MONTH

YEAR

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DIRECTOR

FUNERAL

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- STATE REGISTRAR (TYPE OR PRINT)

DECEASED NAME FIRST 3. SEX 4 RACE S DATE OF BIRTH MONTH DAY

USUAL RESIDENCE THE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS

MIDDLE

YEAR 923 76 CITIZEN OF WHAT COUNTRY? MARRIED M NEVER MARRIED

AGE (IN YEARS LAST BIRTHDAY) 57 BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HB DAYS

26 HOUR

10 CITY OR TOWN OF DEATH

TO BIRTHPLACE ISTATE OR FOREIGN

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

126 KIND OF BUSINESS OR INDUSTRY ephone

13a STAJE 14 FATHER'S NAME FIRST

+binachn LAST

YES T NO V 15 MOTHER'S MAIDEN NAME

134 INSIDE CITY LIMITS?

17 INFORMANT

140 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 10 0

IFICATION

19% CONDITION FOR WHICH OPERATION WAS PERFORMED

19.80

Westview

Raymand W Hanou Ahinadan

20a AUTOPSY?

13e STREET ADDRESS

PART I DEATH WAS CAUSE	ly one couse per time to a line and b and b a line and b	5 = jutrag	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Canditions, if any, which	DUE TO OR AS ACONSEQUENCE OF	20	?
gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF		

1	
1	218 ACCIDENT WAS UNDERLYING
ı	OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2)

PM I IF EITHER, NOTIEN MEDICAL EXAMINERS 21d INJURY OCCURRED

211 LOCATION STREET

AT WORK AT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from to the decreased alive an 4-15

21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN COUNTY

77b SIGNAPURE

DEGREE ATTENDING PHYSICIAN X

Mem. Crematory

MEDICAL STAFF DIRECTOR | PHYSICIAN

, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

220 DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

236 DATE

230 NAME OF CEMETERY OR CREMATORY

2200 ADDRESS

23 LOCATION CITY OR TOWN COUNTY

DHMH-16 25M (VRA 15, 4) 1/79

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24 FUNERAL DIRECTOR

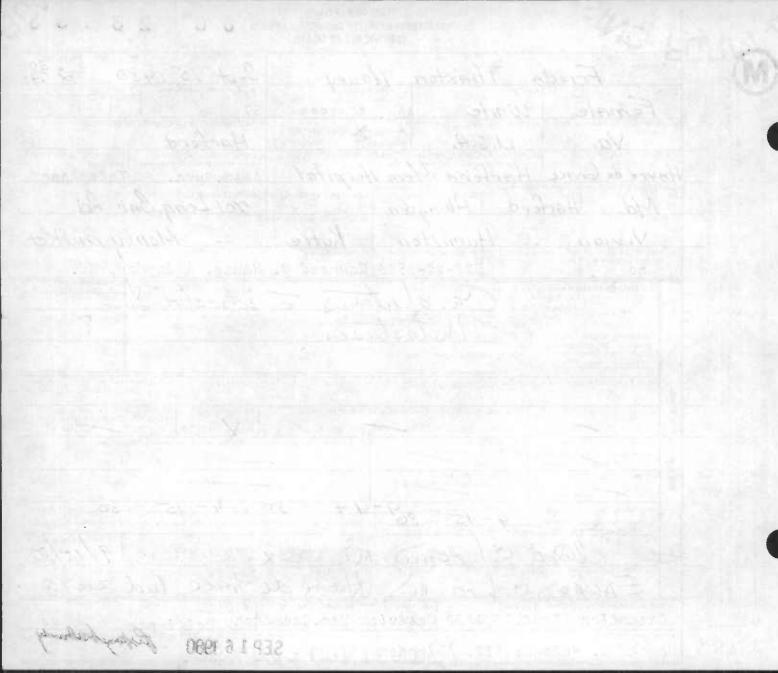
Cremation

K. McComas III. Abingdon, Md. Howard

258 DATE REC'D. BY REGISTRAR 256 REGISTRAR

STATE

STATE



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53

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR ATRACE S DATE OF BIRTH & AGE UN YEARS LAST BIRTHDAYS IF UNDER I YEAR

I. DECEASED NAME LTYPE OR PRINTE MARY MONTH

UNDER 24 HRS MONTHS DAYS HOURS

3 SEX EMBJE

TO BIRTHPLACE ISTATE OF FOREIGN

76 CITIZEN OF WHAT COUNTRY?

June 3, 1883

YES []

MARRIED NEVER MARRIED

YRS * BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR

U.S.A. MINANINEMA ST 18 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

136 COUNTY

WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

12ª USHAPOCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFEL Housewife

238 Chestnut

INDUSTRY Hamemulker

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MARYLANIA 14 FATHER'S NAME FIRST

DETTOUR

FOR

- STATE

COUNTRY

CERTIFICATION

WEDICAL

WHILE

(SPECIFY)

Burial

PEGISTRAR

Hartonil Co. MIDDLE

13 CITY OR TOWN

Forest Hill

15 MOTHER'S MAIDEN NAME BUSAN

1134. INSIDE CITY LIMITS?

HENCIETTA

NV ACCIAN

13R STREET ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) NO

230-44-5050

17 INFORMANI(SCA) 838-3327

NO M

330 Chestnut Itill Rond Mr. Walter B. Harkins Forest Hill, Maryland 21050

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) MASS We Cerebrovasch PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

underlying couse lost

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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20h IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🗌 NON YES [NO I

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

214 INJURY OCCURRED

230 BURIAL CREMATION REMOVAL

226 SIGNATURE

Conditions, if ony, which gove rise to immediate

> 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STREET

ATTENDING

CITY OR TOWN COUNTY

AT WORK AT WORK 22a I certify that (I) (this hospital) attended the deceased from_ sow the deceased alive on____ ___, and that in (my) (our

21e PLACE OF INJURY

) opinion death occurred on the date and hour	and from the couses stated
	Tax mass camains

274 PHYSICIAN'S NAME (TYPE OF PRINT)

obove, (1) (we) (did) (did not) view the body ofter death.

22e ADDRESS

DEGREE

PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL

STATE

that (1) (we) lost

236 DATE SEpt. 15, 1980

23c NAME OF CEMETERY OR CREMATORY Costre Methodist Com.

23d COCATION

STAFF

Forest Hill Harford Co., Maryland 21050 250 DATE REC'D.

W. Brendwy & Williams Sty 21 FUNERAL DIRECTOR my will Fre BEL Arr, MARyland 21014

DHMH-16 25M (VRA 15, 4) 1/79

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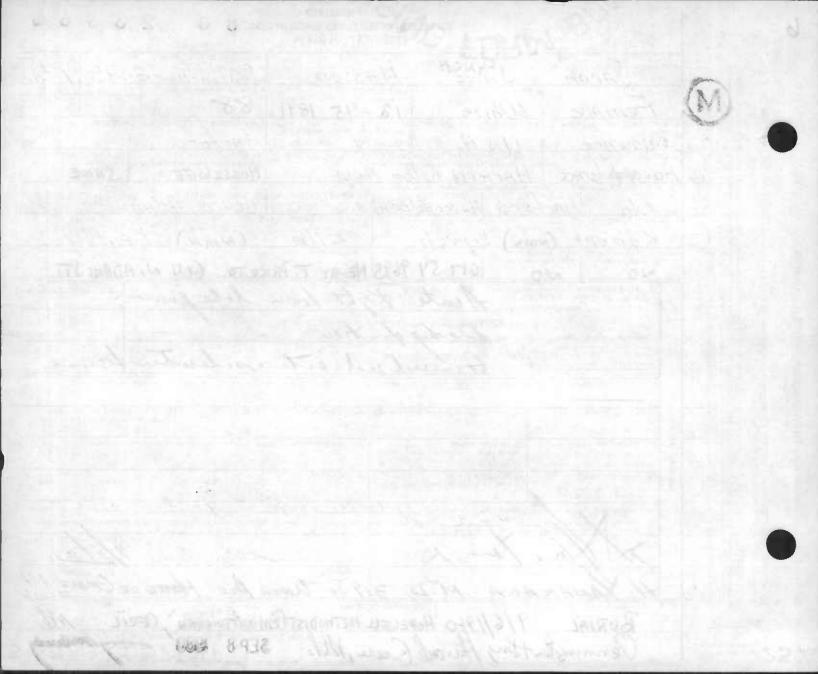
DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERALDIRECTOR

FOR - STATE

		REGISTRAN			REG NO).	
	I DE	CEASED NAME FIRST	2. LUNCH	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HO	DUB
	1	1.)Arah	JANE	HASSON	Jestomb	pr 3, 1480 /	1
1	3 SE2	(4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTH		
Y		temple	White.	12 15 1891	188	MONTHS DAYS HOUR	· "
G.	7a BI	RTHPLACE ISTATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY	,	1 BALTIMORE CITY OF		
3//	L	elaware.	11.C.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	HArford	/	
noti	10 CI	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO		INESS
9/1/2	14	avre de loraro	IN NOT IN SUCH FACILITY, GIVE STREE	TADORESS)	MOUSE WIFE	A ben	
F	USU	AL RESIDENCE IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	4	13,,,,,,	
7 6	13a S	STATE 130 COU	1 11		130 STREET ADDRESS	Adams &	
a u	14 F.A	THER'S NAME	Hard Havreda	IS MOTHER'S MAIDEN NA	604 N. 1	+ CHIPS OF	
(a)		FIRST	MIDDLE LAST	Frysy _	MIDDLE	V - 1 INST	
No.		Robert (VMN) LUNCH	2/1A	(WMN.)	Nearly.	
the m		VAS DECEASED EVER IN U.S. A.I (ES, NO OR UNKNOWN)	RMED FORCES? IN SOCIAL SEC		ADDRE	1 1 A > A	pris.
1 /		NON	0 31737	9695 HENRY T. PR	ICE IR. 600	I CSWHOH!N	
ever		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for tal, (b), 6	nd (D / + /	0.1.1	APPROXIMATE IN RETWEEN ONSET A	ND DE
atic			TE CAUSE (0) Heure	. Tight Lower	- rowe for	ulumon 7	
Eng		4449	DUE TO OR AS A CONSEQU	JENCE OF			
- C		Conditions, it any, which	1 bleke	I dration.			
oth		gave rise to immediate cause ia, stating the	DUE TO, OR AS A CONSEQU	IENCE DE	0	7 /	
0.		underlying couse lost	1 Etener	atied orter	-oseleso	un visina	e
The same		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART 110	
λu	NO.						
Ws a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS UP IN CERTIFYING CAUSES OF DE	
0	TIF	VIVE LINE			YES NO		AIM
0	CER	210 ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
ar ke	ME	WHILE O NOT WHILE O	AT HOME, STREET, FACTORY, OFFICE	FARM, EYC) STREET	CITY OR TOW	N COUNTY	STATE
Ē		AT WORK AT WORK	(a-1) attended the decree 1 f	9-21 10 11	1 9-	3 10 80 4) fur
7		sow the deceased obvero	Sital) attended the deceased from $9-3$	17	death occurred on the do	that (1) and from the causes	
-	- 1	obove, (I)(ve) (did) (did n	ot) view the body after death			I 2h: DATE SIGNE	
-		Washing X	Mus 1	DEGREE ATTENDING	MEDICAL STAF	2///	
<u> </u>		N 1 / Chr.		PHYSICIAN-	DIRECTOR PHYSIC		6
ORTA		274 PHYSICIAN SHAME ITYPE	OR PRINT)	22e ADDRESS	1 /	1 /	1
MPO -		+ JAMAK	AWA M.I	D. 31900 UNIO	N Ave H	ATRE DE COMME	10
2	23a E	URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		SPECIFY	G11/100 11	1. A min	CITORJOWN	A A	11

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



STATE OF MARYLAND

John Dariet Yes Fed 13 to make 117 - 57 - 572 Marie College States & 555 Buckey William B.L.11 - 4-15-50 STOTAMES 1 East

in and completely filled in by the Pages 1 and 2 should be filled with

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ι.	REGISTRAR		CERTIF	ICATE OF DEA	TH	. REG. NO)		
	CEASED NAME FIRST	MIDE	DIE	AST		, , , , , , ,	AONTH DAY	YEAR	26 HOUR 40
{TYP	W. RAYMONI	U B	HEAT	P5		0	9 23		6 PM
3 58	x M	4 RACE	5 DATE C		YEAR	AGE (IN YEARS LAST BIRTH	IDAY) IF I	THS DAYS	IF UNDER 24 HRS
	/ 1	W	9	17	06	74	YRS		
70 B	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	MARRIE	NEVER MAR	RIED	BALTIMORE CITY OF	COUNTY O	DEATH	
1	19KY LAND	U. S.	WIDOWE	D DNOR	CED [HARFORD	Cou	YTU.	MD.
10 C	LISTON, MD.	HE NOT IN SUCH FA	SPITAL, NURSING HOME CACILITY, GIVE STREET ADDRESS)		,	178 USUAL OCCUPATION		INDUSTRY	DF BUSINESS OR
USU	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIV		HOSPITA		HICKWAY	DEPT	CO- 17	LCHWAY
13a	STATE NAS-KVANIA PED COUR		CITY OR TOWN	134 INSIDE CITY I	LIMITS?	SOLO WILL	A/5 K	20.	
14 F	ATHER'S NAME FIRST	MIDDLE	LAST	IS MOTHER'S MA		E MIDDLE		LAS	
	J. Marion	Hear		Flo		Middle	En	field	re .
	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO	17 INFORMANT		ADDRES			100 V 20 V 20
	VENOUNN TES, GAT	- /	197-24-8956	ELSIE HE	14195	5016 WHT	11514	FAMA	GROVE, TI
	18 CAUSE OF DEATH (Enter on	nly one couse per line	e for (o), (b), and (c) 1					APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY TE CAUSE (0)	7 CUTS Nh	DOCAR	DIA	1 Theare	File	EE I	
	410-		S A CONSEQUENCE OF			,			5.512
	Conditions, if ony, which	(b)	577.00.0020027.022.07						
	gove rise to immediate couse (01, stating the	DUE TO OR A	S A CONSEQUENCE OF						
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	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR COND	ITION GIVEN	IN PART 10	0 '
CERTIFICATION									
1 3	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORME	D	20e AUTOPSY?	20h IF YES, W		
E						YES NOW	YES [NO 🗆
U	218 ACCIDENT WAS UNDERLYING	216 TIME OF IN		210 HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM 18, PART	OR PART 2)	- Volume
1 ×	OR CONTRIBUTING CAUSE OF DEA	4111	19						
MEDICAL	216 INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	-	CITY OR TOW	N	COUNTY	STATE
2	WHILE ON NOT WHILE O	TAT HOME, STALET,	TACTORI, OFFICE, FARM, ETC ?					43	3.4.1
	220 I certify that (I) (this hospi		eceased from	123 1	9 50	_, to	73 19.	D.	that (I) (we) lost
	sow the deceased alive on above, (I) (we) (did) (did no	t) view the body oft	er death or	id that in (my) (our	r) opinion de	eoth occurred on the do	te and hour or	nd from the	couses stated
	III SIGNAFORE	11/1		DEGREE			T VATE	224 DATE	SIGNED
	Myan	17- 00	ceuld	CL ATTE	NDING SICIAN	MEDICAL STAF		3/	24 82
1	224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22# ADDRESS		/	2		
	STEPHEN	1 M. C.	OCCOCK	1-21/54	m C	the al	6705	6	
23a	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREA		23d LOCATION		UNTY	STATE
74 7	Burial	9/26/8	St. Pa	ul Metho		Pylesvil			
1	NERAL DIRECTOR	1	ADDRESS		SED DATE	REC'D. BY REGISTRAR	DE REGISTRA	SHOW	UKE
1	uncer W. Or	wurn !	Stewartstown,	Pa.	961	29 1300			

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows

J. Marie Core avolt inter: 2/25/80 - Dr. and Dechedist Sylenville, Intor, 18. The state of the second second of the state of the state

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STATE OF MARYLAND

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1.	FOR STATE REGISTRAR	DEPARTI	MENT OF H	EALTH AND MENTAL HYG	IENE 8 0	2 3 5 6	Ö
	CEASED NAME FIRST	de EIV He	20	AST CI		MONTH DAY YEAR 26 HOL	1R33
3 SE	Female	White	Sepa	day year	AGE IN YEARS LAST BIRT	HDAY HUNDER LYEAR FUNDER	24 HR
C	Germany	CITIZEN OF WHAT COUNTRY?	WIDOWE		Harfor	R COUNTY OF DEATH	
H	AVP & Le COPACO AL RESIDENCE (# NURSING HOME OR OTH	NAME OF HOSPITAL, NURSING HOT IN SUCY FACILITY, GIVE STREET	ADDRESSI CMCN	ial Hosp	TYPE OF WORK FOR MOST O	F WORKING LIFET INDUSTRY	:55 C
13o :	STATE 136 COUNTY			13d INSIDE CITY LIMITS? YES NO 1	13R STREET ADDRESS	ladelphia Rd	- 1
	Max	Mevius		Augusta	MIDDLE	Mueller	
	WAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA NO			Mrs. Doroth		cio, Joppa, M	d.
	PART I. DEATH WAS CAUSED B	10×1	as	90		APPROXIMATE INTE	DEAT
100	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	(b)					
NOIL	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAL YESNO	TH?
EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M	AY YEAR	21c HOW INJURY OCCUR	PED JENTER NATURE OF INJUI	IY IN ITEM 18, PART 1: OR PART 2)	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21s: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.	211 LOCATION STREET	CITY OR TOW		TATE
	220 1 certify that (1) (this hospital) sow the deceased alive on_ abave_(1) (we) (did) (did nat) vi	4-27 190	-		deoth accurred on the de	, 19 , that (1) (
1	THE SIGNATURE	-1//		DEGREE		23 DATE SIGNED	

BP

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by this should be detached for use as the burial-transit permit. Then please removith the State Dept. of Health and Mental Hygiene prior to burial, cre-

IMPORTANT: If Item 21 is marked or Item 18 shows

230 BURIAL, CREMATION, REMOVAL SPECIFY BUTIAL S 236 DATE 231 NAME OF CEMETERY OR CREMATORY

77s. ADJSRS

Md.

24 FUNERAL DIRECTOR

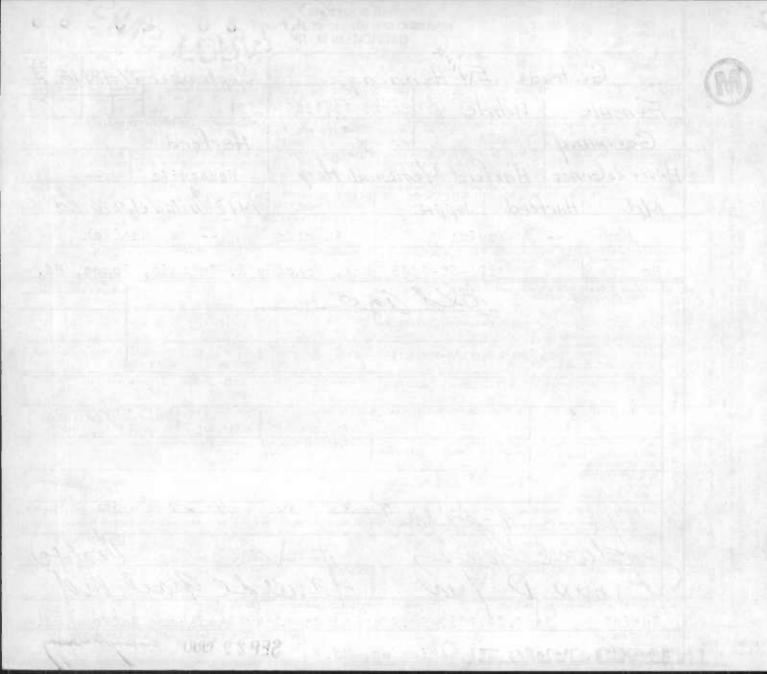
Howard K.

McComas III, Abingdon, Md.

St. Stephen Cemetery Bradshaw Balto

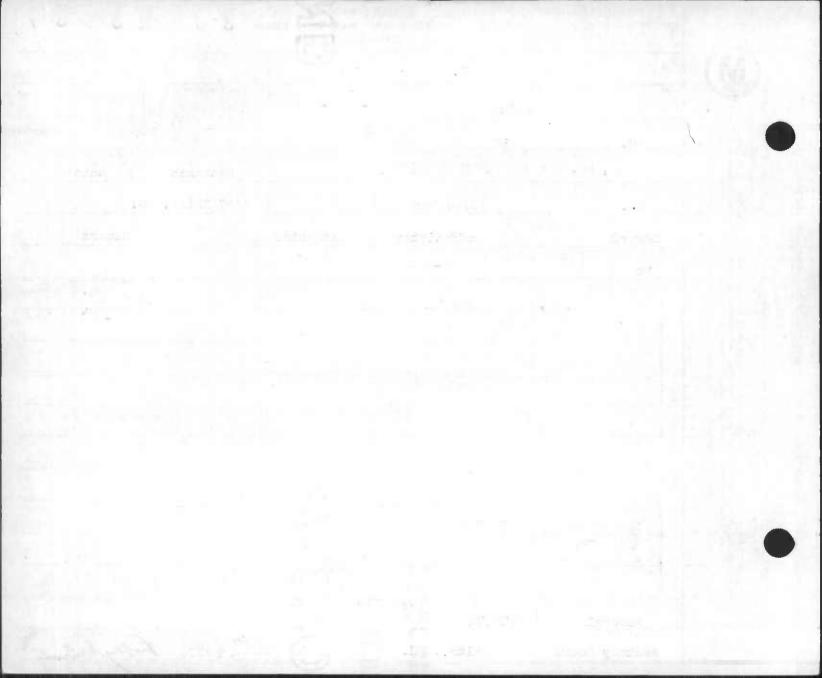
1250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

SEP 29 1980



	1	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	2 3 5 6
		CEASED NAME FRST ORPRINT) Wilfred		J. H		eister	20. DATE OF DEATH MONTH	26 80 8 A
	3 SE)	Male	4 RACE White			OF BIRTH 7 - 2°7° - 1′5° ⊓	6 AGE (IN YEARS LAST BIRTHDAY) 64 YRS	IF UNDER LYEAR IF UNDER 24 H
1	CC	RTHPLACE ISTATE OR FOREIGN DUNTRY) Md.	US	WHAT COUNTRY?	WIDOW		BALTIMORE CITY OR COUN Harford	TY OF DEATH
0		perdeen, Md.		HOSPITAL, NURSING STREET PHILLAGE IP		or other institution coad	17e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Mechanic	126 KIND OF BUSINESS INDUSTRY Auto
33		AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN		n, GIVE RESIDENCE BEFORE 13c CITY OR TOW Aberdee!	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 4407 Phila. F	₹d.
20		THER'S NAME FIRST Edward	WIDDLE	Hoffmeis	ter	15 MOTHER'S MAIDEN NAME FIRST	WIDDLE	Sauers
1		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (# YES, GIVI NO	MED FORCES? E WAR OR DATES]	215-09		17 INFORMANT	ADDRESS	
	NO	Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last	(b)_ DUE TO, C	DR AS A CONSEQUE	ENCE OF	Brain meta.		6 PP(DP) 10
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY I.M. MONTH DA	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		27a I certify that (I) (this hospi sow the deceased glive an above, (I) (we) (didf) (did no 27b. SIGNATURE	0 18-1	0-80 19	2-4-	, I Y	, to 8-10-80 death occurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN	our and from the couses stated 22c DATE SIGNED 9-19-
/		122d. PHYSICIAN'S NAME (TYPE)	RPRINT)	nD.		1220 ADDRESS 1131 Be	(Air Load	MP 21014
		URIAL CREMATION, REMOVAL REMOVAL	23b. DATE 9/26		NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
M	24 FL	NERAL DIRECTOR NAME Anatomy Board		ADORESS	2.	250 DAT	EREC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/7B



BP. DHMH - 16 50M 1/76

(VR A 15 (4))

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		U REG. N	2	3	j	7	-
MIDDLE	LAŠT	20 DATE C	OF DEATH	MONTH	DAY	YEAR	2b HO	UR

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	1	, NO	3 3	, 0
- 1		CEASED NAME FIRST	A	AIDDLE	L	AŠT	20 DATE OF DEATH		DAY YEAR	2h HOUR
	litte	Vertie	9	H.		Tacobs		9 30	1.980	5:00P M
1	3 SEX	ζ	4 RACE		5 DATE C		6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		female	white		MONTH 08	06 1882	98	YRS	MONTHS DAYS	HOURS MIN
5		RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	MD
0		TY OR TOWN OF DEATH	I IF NOT IN SUC	OSPITAL, NURSING HEACHLITY, GIVE STREET A	G HOME C	Ctr. Inc.	120 USUAL OCCUP TYPE OF WORK FOR MO Homema	ST OF WORKING LIF	17h KIND C INDUSTRY	OF BUSINESS OR
Í	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUNTY HOME)	OTHER INSTITUTION,		ADMISSION)	13d INSIDE CITY LIMITS? YES 🔣 NO 🗑	13e STREET ADDRE	SS	Ave.	1/ d.
1	14 FA	THER'S NAME Frederick	WIDDLE	Hinkson		15 MOTHER'S MAIDEN NA FIRST Mary	AME Ann		nson	51
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
Ц	,	NO		217-07-	1710I	Anna J. Thre	att 107 La	mbSt. F	avettev	rilleNC
	NO	18. CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause io stoting the underlying cause last. PART 2 OTHER LEN IFICANT OF THE CANT OF THE CANT OF THE CANT OF T	D BY TE CAUSE (0) DUE TO, OI DUE TO, OI	RAS A CONSEQUE	NCE OF	ntestina!	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 1 o	1 ovc
4	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	WERE FINDING CAUSES	OF DEATH?
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	m. MONTH DA	Y YEAR	THE HOW INJURY OCCUR		_		NO []
	MED	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE (OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		220.1 certify that (1) (this hasping ceeped along a (we) (did) failed to	7 100	19	4111		/	STAFF	r and from the	
		NAME ITYPEO	dilli.	Dr. 10	.D.	22 ADDRESS ST	He	rdeen	Mo	
	23a B	SURIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	THE LOCATION		county	STATE
	24 Et	Burial UNERAL DIRECTOR	2 Oct.			Cemetery	Aberdee		ord Ma	ryland
		Farring Funeral	Home, 3	AODRESS M 33 S Park		LUOT III	refego. By 1930	AR 25b PUGBE	See Sheet	mosty

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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REGISTRAR				CERTI	ICAIL OI DEATH	REG NO)		
1 DECEASED NAME	FIRST	,	MIDDLE	L	AST	20 DATE OF DEATH	MONTH (DAY YEAR	26 HOUR 2
(TYPE OR PRINT) FRII	EDRICH	1	HEYM	KE	LLY		9 -	3-80	9 25 N
3 SEX	4 R	ACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
MALE		MPST	E	MONTH 7	- 12 - 95	85	YRS	MONTHS DAYS	HOURS MIN
TO BIRTHPLACE STATE OR FO	REIGN 76 (CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	1 BALTIMORE CITY O	R COUNTY	OF DEATH	
Middlismy		U.S	. 44.	WIDOWE		HARED	RD	Cour	JTY MO
10 CITY OR TOWN OF DEA	TH 11.	NAME OF I	HOSPITAL NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	-	OF BUSINESS OR
FALLSTON, M	1D F	-ALLS	TO N GE	NER	AL HOSP	THE OF WORK FOR MOST O	WORKING LIFE		Hure
USUAL RESIDENCE (IF NURS	ING HOME OR OTH	ER INSTITUTION.	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	Lia cancer appress			
MARYLAND	HATCOT	d Co.	Bel Mir	N	YES NO NO	134 STREET ADDRESS	Good	ON Stra	Ext-
14 FATHER'S NAME					IS MOTHER'S MAIDEN NAM				
Howard	1-7+WOO	hood	KElly		OIGH EIST	SUBJECT HEADER	Etiti:	A BrE	Edow
160 WAS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANTWIFE 8	38-5850 _ADDRE	55 + 6	nden Str	met-
(YES, NO OR UNKNOWN)	I IF YES, GIVE WAI	COR DATES	212-18-85	563-A	Mrs, MARGARETS	KElly BEL	Air, W	anland 3	21014
18 CAUSE OF DEATH	H (Enter anly a	ne couse per	line for (a), (b), and		4441.4	N.T.C		SETWEEN	CIMATE INTERVAL
	IMMEDIATE C		apper a	L /3U	eeding - Y	D Fil.			
185-		DUE TO OF	R AS A CONSEQUE	NCE OF	01 0-11-1	-		10	Hours
Canditions, if any,	which (ib)			CA. Pristal	·e		1,20,	(441)
gave rise to imm	nediale	(0)			11111 0				
underlying cause		DUE TO, OI	R AS A CONSEQUE	NCE OF	ASCVD, Er	nphysem	9.		
	IFICANT CON	DITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	ia
190 DATE OF OPERAT							Van de come		
DATE OF OPERAT	ION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YING CAUSES	
HI L						YES NO	YE	5 🗌	NO 🗌
		116 TIME O		V VEAD	216 HOW INJURY OCCURR	ED CENTER NATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)	7-4-1
OR CONTRIBUTING C		P.		19					
OF CONTRIBUTING CO		21R PLACE		17	711 LOCATION				
	IILE 🗂	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOW	104	COUNTY	STATE
The state of the s	AND DESIGNATION OF THE PARTY OF		Shipper and the same					JAI	
77s.1 certify that it	d of or or		19_	, ar	nd that in (my) (our) opinion o	death occurred on the do			that (1) (we) last causes stated
77h SIGNATURE/	nd (did not) vis	nw the body.	after death.		DEGREE			Th. DATE	SIGNED
7//	100			44	D ATTENDING	MEDICAL STAF		1100000000	-80
14				1.1	PHYSICIAN A	DIRECTOR PHYSIC		7.50	0.0
778 PHYSICIAN'S NA	ME ITYPE OR PRIN	VI)			72R ADDRESS	and the same	HUN	Maryland	11
15. PAR	EKH	MI)			11131 1501 AT	y Road 1	11).	710 L.	7 .

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TO FUNERAL DIRECTOR: Af should be detached for use as the with the State Dept. of Health

DHMH-16 25M (VRA 15, 4) 1/79

he burial-transit permit. The and Mental Hygiene prior

IMPORTANT: If Item 21 is marked or Item 18

TO PUNERAL DIRECTOR WILLIAM TOSTER

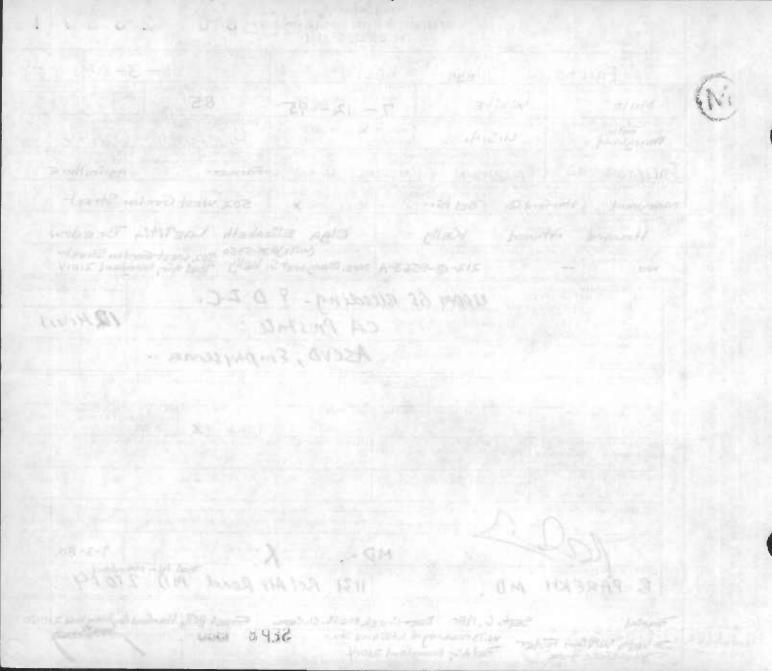
236 DATE

130 BURIAL CREMATION, REMOVAL

SEpt. 6, 1980 With reading of Williams Sto Bed Air Mary and 21014

DEET CHEEK MEth. Ch. CEM.

731 NAME OF CEMETERY OR CREMATORY

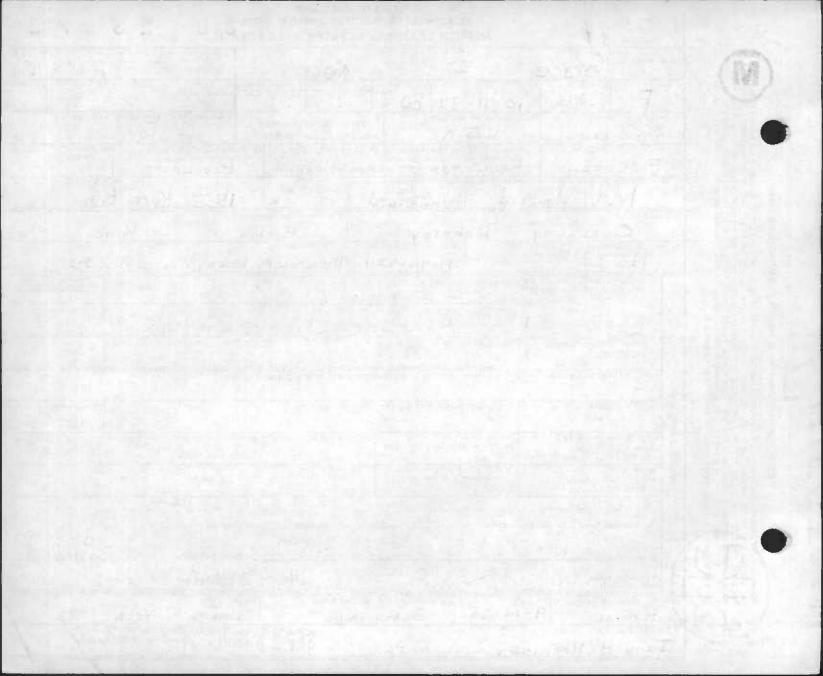


BP. **DHMH - 17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	3	3	1	2
REG.	NO.				. 7.3

	1 - :	FOR STATE REGISTRAR	DEPARTMENT OF H	HEALTH AND MENTAL HYCER'S CERTIFICATE OF	DEATH O 2 3	5 7 2
	(TYPE	CEASED NAME GYACE	MIDDLE .	Kerr	70. DATE KNOWN MONIH OF ESTI- DEATH MATED 7	2 19 TO AM
). SEX	+ Conc.	DATE OF BIRTH AONTH DO YEAR OCITIZEN OF WHAT COUNTRY?	morning Barro Hooms M	HRS. 2C DATE MONTH PRONOUNCED DEAD 9 BALTIMORE CITY, OR COUNTY	DAY YEAR 2d HOUR
5		REIGN COUNTRY) MARYLAND	U.S.A.	"MARRIED NEVER MARRIED WIDOWED DIVORCED	i hat d	MD
2		FALLSTON	NAME OF HOSPITAL, NURSING HOME, (JENOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ERAL HOSPITAL	OUSUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
E	3a S1	TATE Md. 136 FDUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 131. CITY OF TOWN	13d INSIDE CITY LIMITS? 13	1555 Kerr	20,
20		CHALKLEY	DEMPSEY	15 MOTHER'S MAIDEN	MIDDLE KI	LAST N.G.
1		(AS DECEASED EVER IN U.S. ARMED (IF YES, GIVE WAR		DA A	KERR WHITEFOR	a, Ma.
		18 CAUSE OF DEATH (Enter only o PART I DEATH WAS CAUSED BY IMMEDIATE C	AUSE (o)	lise Arres		APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE C	oschrotic 1	Josh 02000	
		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE C			
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO GEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART 1	0	
9	FICAT	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20 AUTOPSY?
3	EDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 19	?1c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	RT 2)
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COL	JNTY STATE
			the remains described above, held an	Autopsy , Inspection C	Inquiry and in my op	inion
		ACTUAL MACTURE	nd & Umon	M.D. 1328 DER	_MEDICAL EXAMINER SIGNE	9/12/80
2		EXAMINER'S NAME (TYPE OR PRINT)	and P. Amors	ADDRESS 2404	Measantille RA	Fall-ton My
	(SI	200 0 141144	-111 00 -	EVILLE	23d LOCATION CITY OR TOWN DELTA YORK	PA.
	24. FU	DINERAL DIRECTOR HARKI	NS DELTA PA	SEP 15	1980 REGISTRAR OF REGISTRARS S	GNATURE



within 24

ATTENDING PHYSICIAN: The law stal or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-	REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
1	(TYPE	CEASED NAME FIRST	M	NIDDLE	KI	13/4T	26 DATE OF DEA	H MONTH	DAY YEAR	750	
	3. SE)		RACE VYS	ite	S DATE C	DAY YEAR	6 AGE IN YEARS LA	f BIRTHDAY) YRS.	F UNDER I YEAR	IF UNDER	
35		RTHPLACE ISTATE OR FOREIGN CHUNTRY)	16 CITIZEN OF V	WHAT COUNTRY	2 8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CI	Y OR COUNT	UNTY		
	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH	HOSPITAL, NURSI	T ADDRESS)	AUSPITAL	120 USUAL OCCU	PATION	12h KIND C	, /,	
38	13e S	TATE /LAND 136 COL	OR OTHER INSTITUTION. JINTY ARFORD	13c CITY OR TOV	WN WNG	134 INSIDE CITY LIMITS?	130 STREET ADDR	SS KART D	RIVE.		
	14 FA	THER'S NAME FIRST THER'S VALUE TO THE STATE OF THE STATE	MIDDLE WO	#CIEC4	104 SK1	15 MOTHER'S MAIDEN N	MIDO	50	101 917	ET	
		(AS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	214-18-	S870	17 INFORMANT MALWELL KIC	_	ODRESS = CKAKTI	PRIVE S	SPPA	
fajury, or car	7	gave rise to immediate couse to stating the underlying couse last PART 2 OTHER SIGNIFICANT	(c)		D	NOT RELATED TO THE TER	rminal disease or (ONDITION G	IVEN IN PART 1	a	
A CONTRACTOR OF THE CONTRACTOR	CERTIFICATION	196 DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	INCERT	ES, WERE FINDS		
or man to b	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D WEITHER, NOTHY MEDICAL EXAMINE 214. INJURY OCCURRED	EATH HOUR A.A	M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCU			4. 1. (
SHARKE	WE	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE,		STREET	CITY	RIOWN	COUNTY	STA	
tem 211		22a 1 certify that (I) (alice has saw the deceased alive a above, (I) three (did) relider 122b SIGNATURE	n 9	17 19	80 . 01	nd that in (my) (por) apinio	, 10	7			
		Can	of Padrice	۵,	N	O. ATTENDING		STAFF YSICIAN []	9	18/1	
		224 DUNCH LANCE MARKET									
)		224 PHYSICIAN'S NAME (TYPE	L. PADI	Rino		270 ADDRESS		dwa	, Bel	Air	

DHMH-16 25M (VRA 15, 4) 1/79

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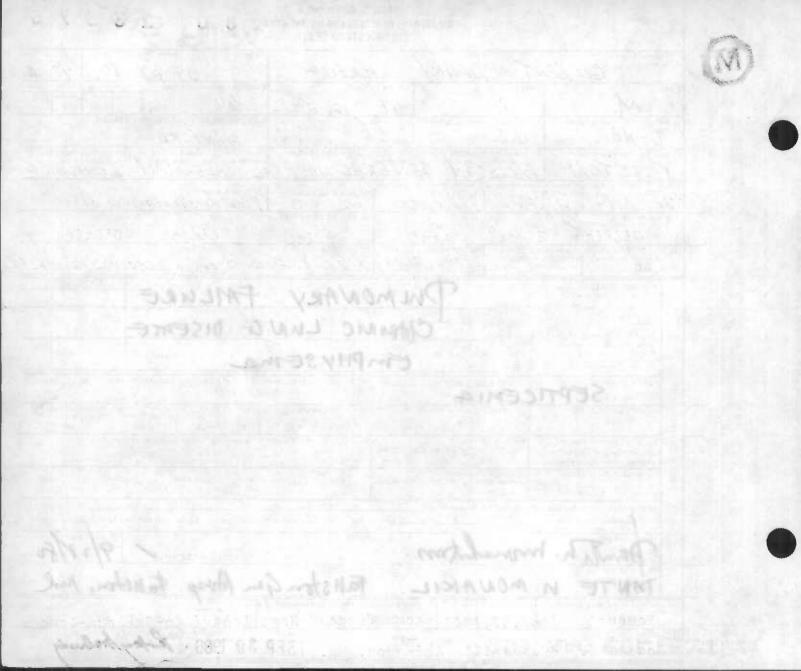
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A77.28E	3 SEX	4 RACE 5. DATE OF BIRTH 6 ACC YEARS FUNDER YR. IFUNDER 24 HRS. 26. DATE MONTH ACC MONTH MONTH MONTH DAYS HOURS MIN PRONOUNCED MONTH MONTH	DAY YEAR 24 HOUR
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7		OR CONTRIBUTING CAUSE OF D		ONTH DAY YEAR	THE HOW HAJORT OCCOR	RED (ENTER NATURE OF INJUR	TIN HEM TO, PART I OR PART	4)		
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	×	AT WORK AT WORK	(A) HOME, SIREET, FAL	TORT, OFFICE, PARM, ETC.)				3177		
		22a. I certify that (1) (this has	nutal) attended the dece-	ased from	. 19	to	19	, that (1) (we)		
		safe the deceased alive of	10	10 0	nd that in (my) (our) opinion					
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		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
		Removal S	ept. 28, 19	80 Brown	Funeral Hom	re Lohrvil	le-Calhou	n-Iowa		
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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REGISTRAR

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FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 2	3 5 7 8
I DECEASED NAME TYPE OR PRINT)	Clyde NXX	Lingenfelter	Sept. 2	9, 1980 1980
3 SEX Male	* RACE white	5. DATE OF BIRTH Feb. 28, 1896	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS
7a BIRTHPLACE (STATEOR) COUNTRY) East Freed		WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Harre de G	ATH 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C		120 USUAL OCCUPTION (TYPE OF WORK FOR MOST OF WORKING LIFE Ret. Railway	126 KIND OF BUSINESS OF INDUSTRY Postal Cle

NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Harr ngenfelter Sarah Hileman 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) GIVE WAR OR DATES! Lingenfelter Yes 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE O Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [] 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN NOT WHILE COUNTY STATE WHILE AT WORK AT WORK 22a 1 certify that (1) (this haspital) attended the deceased from sow the deceased of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) Idid) 22b SIGNATURE 9.30.80 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN SHAME ITYPE OF PRINT 22e ADDRESS 23a BURIAL CREMAT [SPECIFY] CITY OF TOWN STATE Burial Gardens emorial Harford

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Mitchell Funeral Home Havre de Grace, Miller

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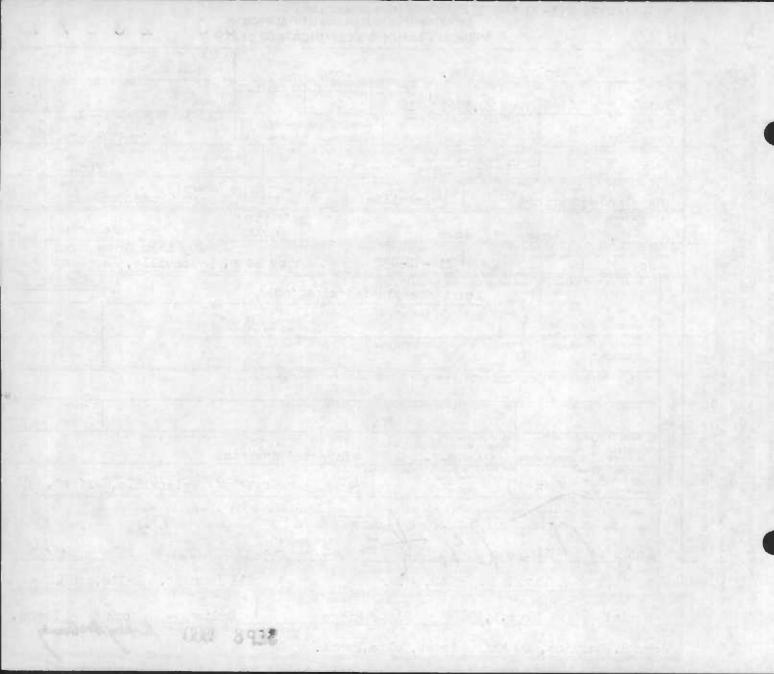
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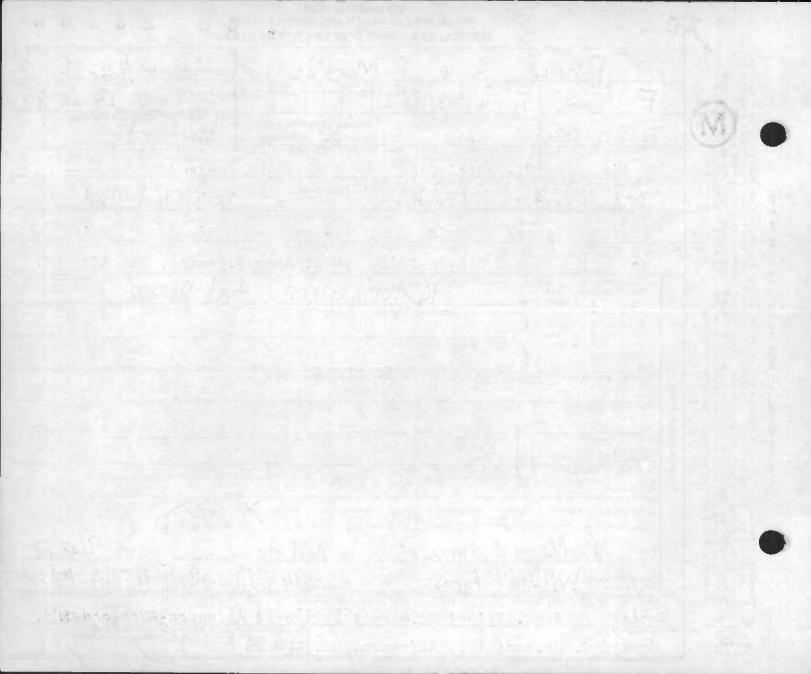
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER : THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSA	execute the certificate, writing the word "pending" in Pencil in Item 18. Give pages 1, 2, and 3.10 the Funeral	page 4 should be forwarded to the chief medical examiner along with form Pm 3. retain Page 3. pm	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED	after death, with the state department of health and mental hygiene, division of vital records 301 🚜 🔭	
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DHMH - 17

15M 7/77

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 4 RACE C. DATE LAST BIRTHDAY) MONTH PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) North Carolina USA WIDOWER DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) 309 Wheel Road Bel Housewife USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136. GOUNTX 13d. IHSIDE CITY LIMITS? 13e STREET ADDRESS YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Edwin Wingate Dewees Anno Haiah 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Anne M. Bouton, Bel Air, Md. -46-8442 11.0 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted from: "Notural couses: Accident Homicide Undetermined monner TITLE (SPECIF) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Md. Abingdon Harford 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. (VR A15 ME (5))



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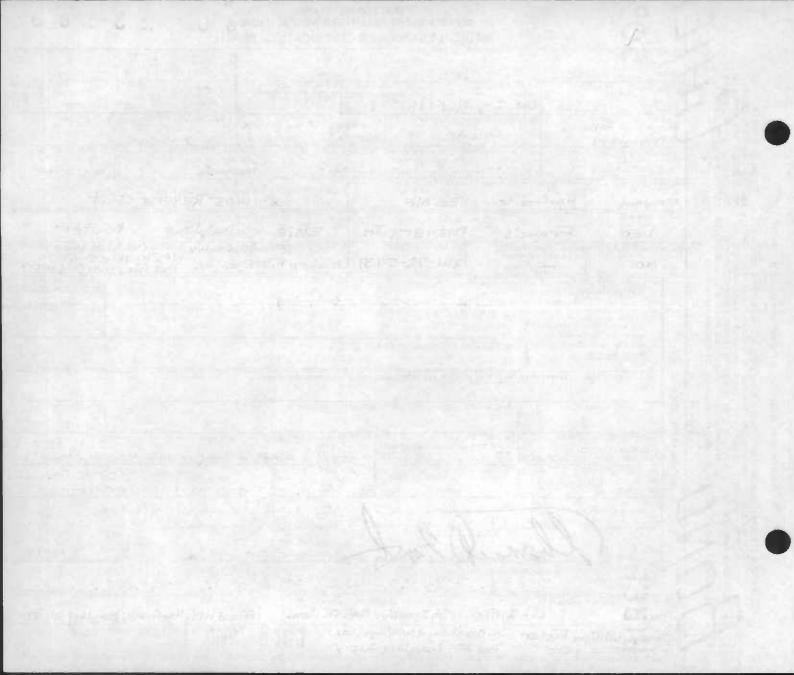
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	1. DEC	CEASED NAME OF PRINT)	E FIRST		David		ever	2a DATE KNOWN XX M OF ESTI- DEATH MATED	9 29 1980	Zb. HOUR
-), SEX		4 RACE	5 DATE OF BIRTH	YEAR 6. AGE (IN YEARS	MONTH	DER TYR. IF UNDER	24 HRS. 26 DATE MO MIN PRONOUNCED DEAD	ONTH DAY YEAR	1 AM
I		RTHPLACE (E	White Ballimore	76 CITIZEN OF WHI	1	MARRI	ED NEVER MARRI	9 BALTIMORE CITY OR C		M
MANJANG WIDOWED DIVING CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)							ER INSTITUTION	12a USUAL OCCUPATION (TYPE OF V	WORK 176 KIND OF BU OR INDUSTE	RY
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352 2	MEDICAL	UNDERLYING CONTRIBUTI THE INCOME OF WHILE AT WORK OF THE INCOME OF JUNE OF THE INCOME ACTUAL SIGNATURE EXAMPLEES (TYPE OR PRO	NOT WHILE &	PEATH 11 P.M. 21e PLACE O STREET, FACTS Chomas D. S	MONTH DAY YEAR 9 28 1980 FINJURY (ATHOME. DRY, FARM, ETC.) Street Smith, M.D.	Rt.	Cupant ejector 136 s. of W. Inspection Homicide TITLE (SPECIFY) ADDRESS 111	TrappeChurch Rd, In Inquiry ond in Undetermined monner iefEEDICAL EXAMINER Penn St. Balto.	fixed objectived Control Control Darlington DATE SIGNED 9/3	., s1MD.
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STATE OF MARYLAND

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REGISTRAR		CERTIFICATE OF DEATH	REG NO			
	MIDDLE	LAST	28 DATE OF DEATH	MONTH DAY YEAR 26 HOUR		
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EX /	4 RACE	S DATE OF BIRTH	AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS M		
temA/e	White	Oct. 31 1901	/ 7 9	YRS		
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ATHER'S NAME	MIDDLE TLAST	IS MOTHER'S MAIDEN NA	ME	D W.		
Joseph	Dudi		A	TRUCHA		
(YES, NO OR UNKNOWN) (IF YES, GIV			ADDRE	55 4001 ROCK RUN		
No	1192-92-	-4301 PORUTHY M. W	ORINIMETON	V HAVRE DE GRACE		
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19/7	DUE TO, OR AS A CONSEQUE	ENCE OF		(10 1 1/11,		
Conditions, if any, which gave rise to immediate	(b)					
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF				
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)		
	zonomiono <u>commodimo</u> ro	DETAIL BOTTON RELATED TO THE TERM	THE DIDERGE ON COM			
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS USED		
			YES NO	YES NO		
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR AM. MONTH D.	AY YEAR 19		YES NO		
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED	P.M.	19 211 LOCATION	RED (ENTER NATURE OF INJUR	YES NO		
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	19 211 LOCATION		YES NO		
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236 DATE

230 BURIAL, CREMATION, REMOVAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23d LOCATION CITY OR TOWN

176 KIND OF BUSINESS OR

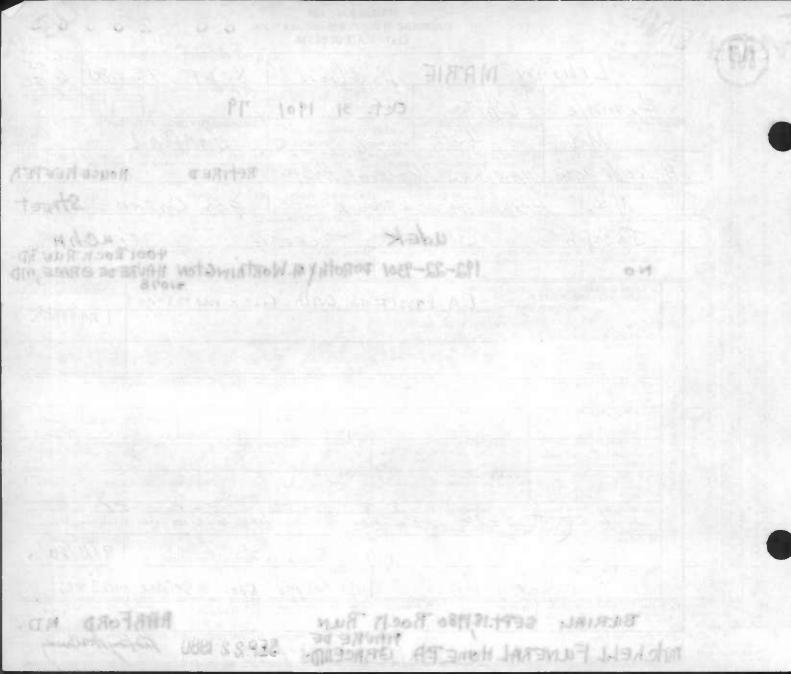
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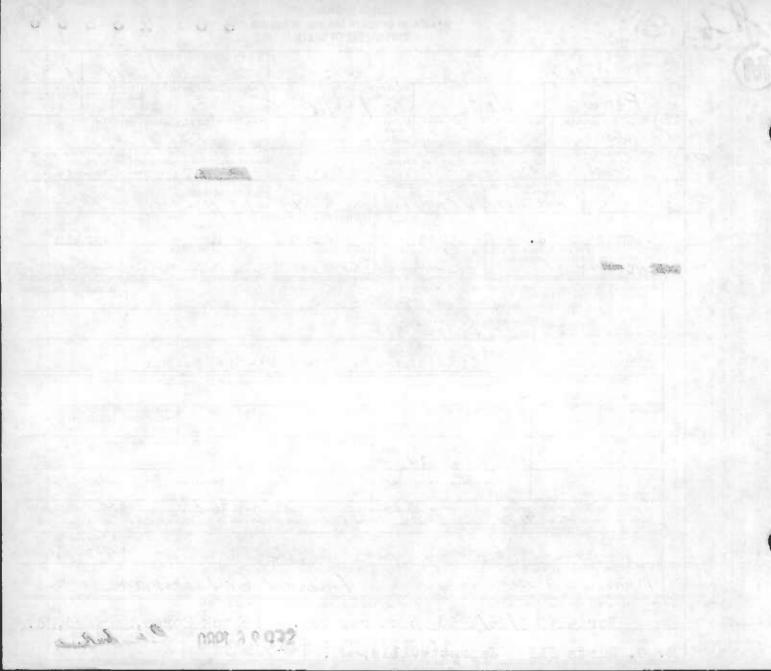
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	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG NO	
(a)		CEASED NAME FIRST	WIDOLE	LAST		AY YEAR 26 HOUR.
VI)	filler	CLARA	AYKES	NOKRIS	09/2	4/80 135
nc e.	3 SE	Female	* RACE White	5 DATE OF BIRTH MONTH OAY YEAR (8/1873)	& AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR F UNDER 24 I
Dod of	7e. B1	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	1 BALTIMORE CITY OR COUNTY	OF DEATH
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ers. P			nly one cause per line for (a), (b), and		770014 5 77	APPROXIMATE INTERVA BETWEEN ONSET AND DE
has been signed by the attending irmit. Then please remove carbon ne prior to burial, cremation, or rehows any injury, or other traumal	CERTIFICATION	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause lost.	CONDITIONS CONTRIBUTING TO D	NCE OF I	200 AUTOPSY? 200 IF YES	WERE FINDINGS USED YING CAUSES OF DEATH?
uficate nsit pe Hygier m 18-61	RTI	an account was contracted a	7 216 TIME OF INJURY		YES NO VE	
fing physicis r this certifi burial-trans d Mental Hi ed or Item	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTHEY MEDICAL EXAMINER) 214 INJURY OCCURRED	ATH HOUR AM. MONTH DA	Y YEAR Y 1980	RED (ENTER NATURE OF INJURY IN ITEM IB. PA	COUNTY STATE
Afte the the mark	×	WHILE ONT WHILE O	AT HOME STREET, PACTORY, OFFICE, P	ann, ere	/	STATE
the hospital or all ALOIRECTOR. tached for use as the Dept. of Healing T: If Item 21 is:		sow the deceased olive on above. (1) (well (did) (did no 22b SIGNATURE	at) view the body after death.	DEGREE ATTENDING PHYSICIAN E	death occurred on the date and hour	ond from the couses state 121. DATE SIGNED 124/80
Y Res Z		224 PHYSICIAN'S NAME (TYPE O		22n ADDRESS	16-111	
etained by to FUNERA hould be de vith the Star		maniegus			1 Ged Herpin	AC
TO FUNERAL C should be detact with the State D IMPORTANT: I	23a B	MANICY U) SURIAL, CREMATION, REMOVAL	236 DATE 23c N	JAME OF CEMETERY OR CREMATORY CKENdree Cem.	23d LOCATION CITY OR TOWN	county STATE Harford Mi



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REG. NO REGISTRAR O DATE KNOWN X MONTH (TYPE OR PRINT) Novak DEATH MATED 24 10 80 Richard Carroll IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 8:42 18 62 DEAD 24 1980 Male White a all 9. BALTIMORE CITY OR COUNTY OF DEATH 6 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Harford County U.S.AA DIVORCED WIDOWED -20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 10 CITY OR LOWN OF DEATH OR INDUSTRY Rt. #136, N. of Hookers Mill Rd. Student SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 136 COUNTY Harford Md. YES] NO TO Calvary Air 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Richard Novak Elmira Sr. Gephardt 7 INFORMANT 16h SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Richard Novak 2628 Calvary Rd. No 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) BETWEEN ON ET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF anditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) HEA CRE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING pedestrian struck by hit & run vehicle 24 10 80 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM ETC.) Rt.#136, N. of Hookers Mill Rd., Harford Co., AT WORK AT WORK street Maryland EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 Autopsy XX. and in my apinian 22a I certify that I taak charge of the remains described above, held on Inspection Accident X Undetermined manner Suicide Homicide ______ death resulted fram: Natural causes TITLE (SPECIFY) 9-24-80 DAJA. Assistant MEDICAL EXAMINER SIGNED. EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY Buria] Oak Lawn Cem.

& Son 2818 E. Baltimore St.

DHMH - 17 (VR A15 ME (5)) 15M 7/76

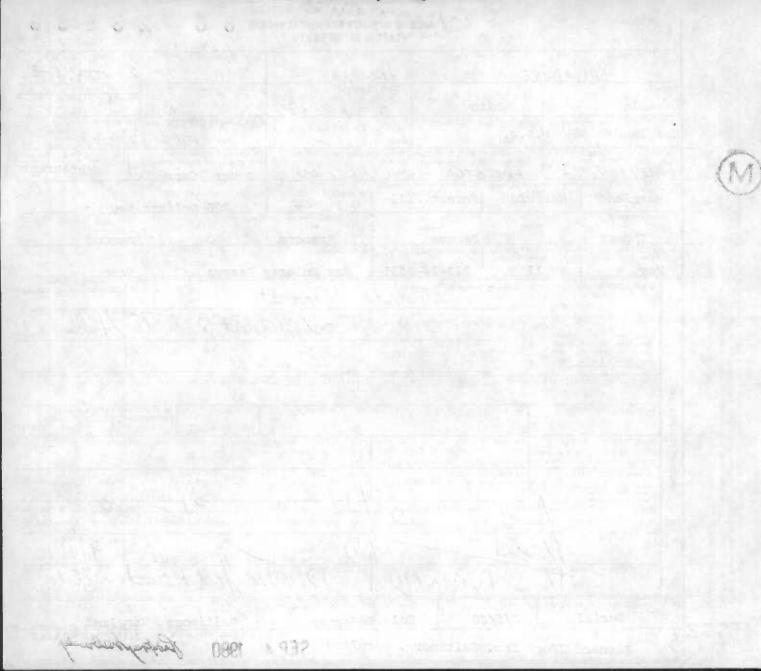
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TO HOSPITAL OR ATTENDING PHYSICIAN-retained by the hospital or attending physician.

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brio a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 2	Oh IF YES, WERE FINDINGS USED
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fter he l and ark	2	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
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for of em		sow the deceased alive of above, (II (we) idid) idid to	of view the bads after death	19_3	nd that in (my) (our) opinion (deoth occurred on the dote	and hour and Iram the causes stated
DIR red rept		226 SIGNATURE	1.0	-	OF ORFE	/	77c DAZE SIGNED
AL rach tach te D		111	nan_		ATTENDING	MEDICAL STAFF	9/2/10
AN AN	1	224 PHYSICIAN'S NAME LETYPE	NAMED IN THE PARTY OF THE PARTY		PHYSICIAN E	LARRECTOR PHYSICIAL	
O FUNI		V	S. NAI	(RMI)	11/16/	Karfad K	oad hells
5 -43 =	23a E	BURIAL, CREMATION, REMOVAL	23h. DATE	23t NAME OF	EMETERY OR CREMATORY	ZM (OCATION	COUNTY STATE
BP	1	Burial	8/5/80	Holu	Redeemer	Baltimor	e, Maryland
	24 FI	JNERAL DIRECTOR			25a DATE		PEGISTRAR'S SIGNATURE.
DHMH-16 25M (VRA 15, 4) 1/79		Leonard JRu	ick Inc. Balt.	imore, Ma	ryland SEP	1 1980	rifraghabrerdy.

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			FOR STATE			EALTH AND MENTA	HYGIENE	2 3	5 8	9
17	~		REGISTRAR		CALEXAMINE	R'S CERTIFICATE	OF DEATH	REG. NO.		
	BA		CEASED NAME FIRST	MI	DDIE	Y) LAST	20. DATE KNO	OWN STI-	DAY YEAR	76 HOUR
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	DIRECTOR AND STEEL	3 SEX	M RACE COLL	5. DATE OF BIRTH	6. AGE (IN YEAR	MONTHS DAYS HOURS	PER 24 HRS 20 DATE PRONOUNCED DEAD	MONTH 2	DAY YEAR	2150M
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4	S Z S Z Z Z		Y. C.	U. S. A.				ord Co.	Md.	AAD
	AY IS I THE P AGE FILED 301 V		TY OP TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	FOR MOST OF WORKING	LIFE)	126. KIND OF BU OR INDUST	RY
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MD.	I . NA	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME		LAST	
			James		Pease		abeth		Cahill	
MOM	~ ~	16a V	VAS DECEASED EVER IN U.S. AR	WAR OR DATES!	b. SOCIAL SECURITY		A	DDRESS	11218	
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STO	25 40 0	10	410-		A CONSEQUENCE O	1 1 -	le al La	, 5D		
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ZDS,	EXECUNG: IN MG. IN MG. IN A BUR H AND MG.		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	PART 1 a			
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	FOR PATE.		220. I certify that I tapk charg	ge of the remains describ	ed abave, held an	Autopsy , Inspec	van Inguiry	and in my a	oinian	
	EXAMINER CERTIFICAT JLD BE FOI DIRECTOR: WITH THE ARYLAND, 3		death resulted from: Natur	ral causes Acc	ident L, Suic	de Homicide	. Undetermined manne	r L.	/	105
4	EXAMII CERTIFI ULD BE DIRECT		ACTUAL /////	MAN K	(In on	TITLE (SPECIFY)	10	DATE	9/2	OKIC
, —	EDICAL TE THE 4 SHOU NERAL DEATH, NORE, M	1	SIGNATURE		VIMONO	M.D. 143216	MEDICAL EXAMINE	R SIGN	21 /	11
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERA DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	illard f	1 Amos	S ADDRESS 24	04Pleason	DYIIH !	A Hold	non_
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1		3 SE)	MALE	1 RACE	note	S DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN
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in page 1	25	13a S	5 4 13	ME OR OTHER INSTITUTION OUNTY	BEL HER	PE ADMISSION)	134 INSIDE CITY LIMITS?	13# STREET ADDRESS ZO10 HE	How it	Enne	
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an. cate has it permit	18 shows	CERTIFICATION				OPERATION		YES NO	HN CERTIFYING	CAUSES	
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Vector use of the	Item 21		270 I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (ds	e on	13 19_		d that in (my) (our) opinion of	death occurred on the d			
by the horder of the control of the	TNA		221 PHYSICIAN'S NAME III	Keint	hardl		ATTENDING /	DIRECTOR PHYSK	FF	9/30	1 -
TO FUNI	IMPORT	32- 0	JOSEPH	A. REIN			2003 Rock Sprin	1234 LOCATION	ill, Maryla	and 21	.050
BP	-	R	URIAL, CREMATION, REMO	Sept. 5,	1980 B	eldinn	IEmorial Gardens	TSEL ALL HA		2	
DHMH-16 2 (VRA 15, 4)		2	meral Director William	rester Bi	Broadless 1	Mercal 3	1101/j	SEP 4 198	y more	7950	The County

STATE OF MARYLAND

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MARYLAND 21201	
BALTIMORE,	
PRESTON ST.	
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DIVISION OF VITAL RECORDS,	
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X 3	1.	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG NO.	3 5 9 1
(M)		CEASED NAME RUTH	Thomas R	LAST VALUE OF BUILTH	20 DATE OF DEATH MONTH DAY 6 AGE IN YEARS (AST BRITHDAY) 16	1 0/2 1/53
ge 4 m cto s afill nce.		Female	0	an. 19 1893		NEHS DAYS HOURS MIN
deer Pa		OUNTRY Virginia	76 CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED OWED DIVORCED	BALTIMORE CITY OR COUNTY O	F DEATH MD
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hin 24 ho filled in build be fil	13e			YES NO 1	13. STREET ADDRESS 129 West Gordo	n Street
mpletely nd 2 sho		etersname eter Oscar	Thomas Thomas	Nancy	Melinda Melinda	Thomas
e be exect an and con Pages 1 a	160 N	WAS DECEASED EVER IN U.S. AR YES HOOR UNKNOWN) (IF YES GIV	RMED FORCES? 106 SOCIAL SECURITY N E WAR OR DATES! 2 19-12-59		Johnson Bel Air	t Gordon St , Maryland
w requires that the death certifien signed by the attending phys. Then please remove carbon pape or to burial, cremation, or removany injury, or other traumatic ex	NO	PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	And the couse per line for (a), (b), and (c). ED BY TE CAUSE (a), Acute And C DUE TO, OR AS A CONSEQUENCE (c) (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH	OF Cardiogeni		APPOXIMATE INTERVAL RETWEEN ONSET AND DEATH 4 days IN PART I (0)
In. The land. The lan	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER		YES NO YES	VERE FINDINGS USED NG CAUSES OF DEATH?
JG PHYSICIAN ading physician. Her this certificate burial-transit and Mental Hygi Ked or Item 18	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR OR CONTRIBUTING ACCIDENT WAS UNDERLYING ACCOUNTED. 21d INJURY OCCURRED. WHILE DOUBLEST	ATH HOUR AM. MONTH DAY Y	EAR 19 211 LOCATION	RED LENTER NATURE OF INJURY IN ITEM 18. PART	COUNTY STATE
TA_CH ATTENDING the hospital or attended AL DIRECTOR: After use as the stacked for use as the Det. of Health a IT. If Item 21 is man		22e I certify that	of attended the deceased from 9-12 19 80	ond that in (my) (our) opinion of DEGREE MD - ATTENDING PHYSICIAN (death occurred on the date and hour o	that (I) (we) last not from the causes stated 221 DATE SIGNED 9/12/80 -
TO HOSPITZ retained by the TO FUNERA should be defined to with the State IMPORTANT		B. PAREKH	MD.	1131 BRION	rRd Belair MD	21014 -
BP		BURIAL, CREMATION, REMOVAL SPECIFY) REMOVAL	236. DATE 236. NAME Sept. 12, '80 Vauc	of CEMETERY OR CREMATORY Thn-Guynn F.H	. Galax Grays	
DHMH-16 25M (VRA 15, 4) 1/79		uneral director oward K. McCo	omas III Abingdor	25a DAT	E REC'D. BY REGISTRAR 256 PGISTRA 15 1980	R'S SIGNATURE

Petro Treas ANDE Newto Ant. Cottent Physical Sugaress 4 days Condingenic strek. 10 Jane 12 10 19 12 10 . 03/21/20 · 0M B PARCLY MD. His BELLEYRE Sclass MD 21014 -

STATE OF MARYLAND

1.	STATE REGISTRAR			DEPAKIN		ICATE OF DEATH	HT GIEN	REG. N	6	3 3	7	La
I DECEASED NAME FIRST		FIRST	WIDDLE		l	AST	20	DATE OF DEATH	MONTH	OAY YEAR	26 HOL	JR
41.00	ORPRINITY	ALICE	V	. RC	CKEY			September	21.	1980	3:3	30 a
3 SE	X	4.5	RACE		5 DATE C		6	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	
	Female		Whit	е	Octo	ber 3,1911		68	YRS	MONTHS DATS	HOURS	WIN
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)			CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 1	BALTIMORE CITY O	R COUNT	Y OF DEATH		
	Maryland		US	A	WIDOWE			Harford	Cou	nty		M
	Street		3113	Dublin Ro	address)	or other institution		USUAL OCCUPATI YPE OF WORK FOR MOST O Housewi	F WORKING L	126 KIND O INDUSTRY	F BUSIN	ESS OR
130 5	at residence (if nuite aryland	13b COUNTY Harfo		GIVE RESIDENCE BEFORE 13t CITY OR TOW Stree	N	13d INSIDE CITY LIMITS	3	street address 3113 Dubli	n Roa	ad		
14 FA	ATHER'S NAME	MIDE	DLE	LAST	20.00	15 MOTHER'S MAIDEN	NAME	WIDDLE		LASI		
	Jose		E.	Motson	08	Emma		M.	Johns			
	VAS DECEASED EVE	I (IF YES, GIVE WA		166 SOCIAL SECU	RITY NO.	17 INFORMANT		31113°E	Dubl:	in Road		
L '	No			217-62-6	6633	Eugene F. 1	Rock	key, Stree	t, Ma	aryland	211	54
	18 CAUSE OF DEA	TH Enter only o	ne couse per	line for (o , 1b , one	d (c)					BETWEEN C	MATE INTER	RVAL
	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6Cerebral Vascular Accident. 2nd.							Imme	Immediate			
	Conditions, if ongove rise to incouse oil, state underlying couse	mediate ng the	(b)	r as a conseque Primary H r as a conseque	vpert	ension		26 year				S
	PART 2 OTHER SIG	INIFICANT CON	DITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	ERMINA	AL DISEASE OR CON	DITION GI	VEN IN PART 1 o		
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TIF								YES NOTE YES			NO [
MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		216 TIME O HOUR A.I	M. MONTH DA	YEAR	21c HOW INJURY OCC	URRED	(ENTER NATURE OF INJUS	Y IN ITEM 18.	PART 1 OR PART 2)		
(ED)	21d INJURY OCCUP		21e PLACE (OF INJURY	ARM FIC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	ST	TATE
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	226. SIGNATURE	1710	1	301	/	DEGREE		4501C41		22c DATE	SIGNED	
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	Robert Barthel M.D.					2501 Rocks	Rd.	Forest H	ill.N	Md.21050		

BP.

DHMH - 16 60M 7/73 (VRA 15(4))

morked or Item 18 shows

MPORTANT. If them 21 is

TO FUNERAL DIRECTOR After this should be detached for use as the buwith the State Dept. of Health and M

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 9-23-80 Burial

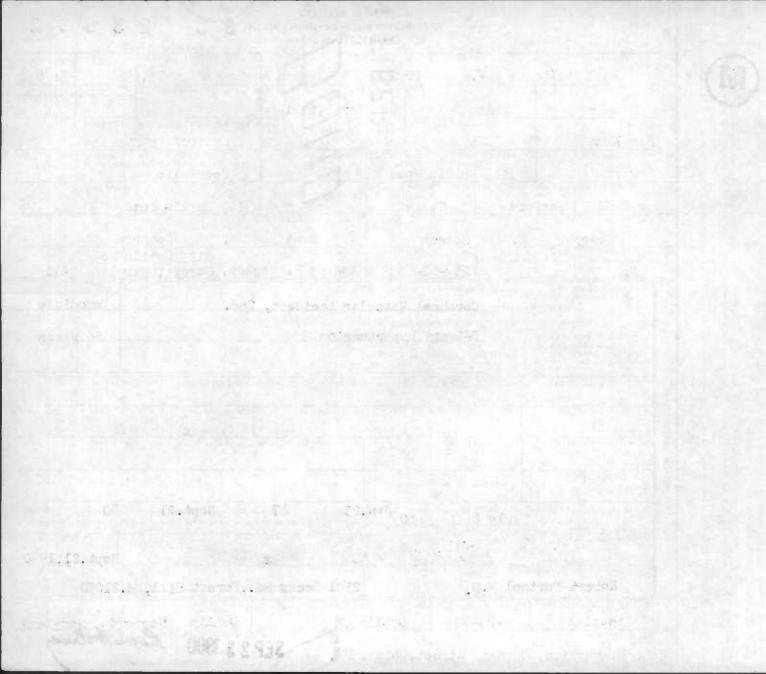
23¢ NAME OF CEMETERY OR CREMATORY Dublin UM

23d LOCATION

24 FUNERAL DIRECTOR John H. Harkins, 600 Main Street, Delta, Pa. Dublin Harford Maryland

SEP 2 3 1880

Dublin Harford Maryland

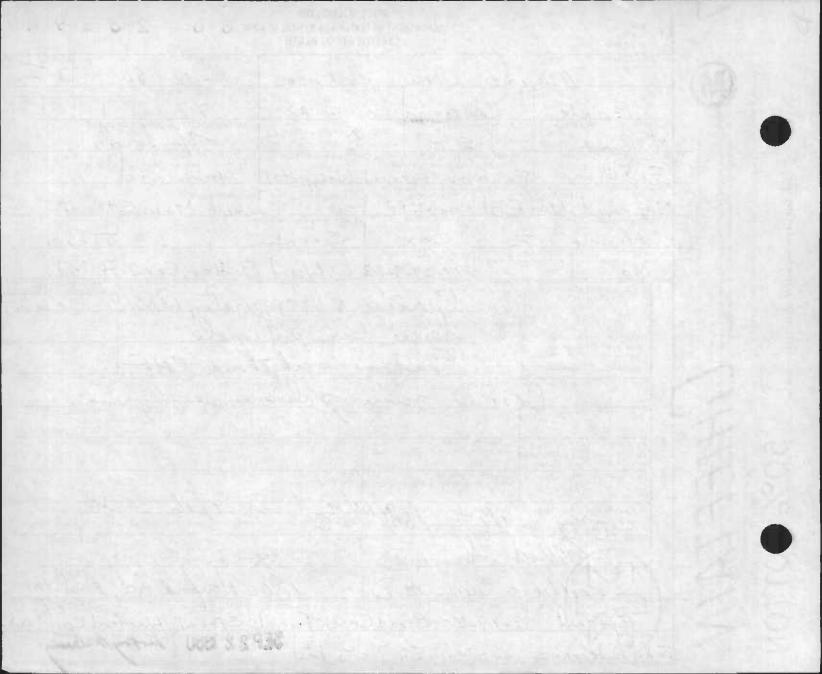


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	, TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death retained by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTICANO 2.20	to
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BP. DHMH-16 50M 7/77 (VR A 15 (4))

						STAT	E OF MARYLAND			alle trop	
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		GISTRAR				CERTIF	ICATE OF DEATH		REG. NO		
	1 DECEA	SED NAME	FIRST		WIDOLE	Į.	AST	20 DATE C		TH DAY YEAR	26 HOUR 2
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	3 SEX		4	RACE	72.4.5	5. DATE C		6 AGE (IN	YEARS LAST BIRTHOAY		
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)~		PLACE (STATE OR F	DREIGN 7h	CITIZENOF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMO		DUNTY OF DEATH	
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100	CERTIFICATION 140	DATE OF OPERA	TION	19b. CONE	DITION FOR WHICH	OPERATIO		20a AUT	OPSY? 0 120b	AFYES, WERE FIN	DINGS USED
SI	IFIC							YES 🗆	NOU	ERTIFYING CAUS	SES OF DEATH?
A	210	. ACCIDENT WAS UN	DERLYING	21b. TIME O			21c. HOW INJURY OCC				Land
7	0.0	CONTRIBUTING			.M. MONTH D		E 800 F				
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DHMH 17 (VR A15 ME (5)) 15M 7 76		· Barr		rlem	ina	ADDRESS	an ac	n. M	arvla	and	SEF	13	1980	12	7	177.40	7	
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25, 301 W. PRESTON ST., XECUTED WITHIN 24 HOLG. G. IN PENCIL IN ITEM 18 CAL EXAMINER ALONG. AND MENTAL HYGIENE. ON, OR REMOVAL.		
DIVISION OF VITAL RECORDS, 301 THIS CERTIFICATE SHOULD BE EXECUTE WRITING THE WORD "PENDING". IN I WARDED TO THE CHIEF MEDICAL EX AREDE SHOULD BE USED AS A BURIA ATE DEPARTMENT OF HEALTH AND M 201 PRIOR TO BURIAL, CREMATION, OR	-	PART 2 OTHER SIGNIFICA
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VISION OF VITAL RECERTIFICATE SHOULD FING THE WORD "PERD TO THE CHIEF. 3 SHOULD BE USED FINES OF THE PERD TO BE	MEDICAL CERTIFICATION	19a DATE OF OPER
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DIVISION OF VITAL RECORI L EXAMINER: THIS CERTIFICATE SHOULD BE E IE. CERTIFICATE, WRITING THE WORD "PENDIN OULD BE FORWARDED TO THE CHIEF MEDI IL DIRECTOR: PAGE 3 SHOULD BE USED AS A H. WITH THE STATE DEPARTMENT OF HEATTH MARYLAND, 21201 PRIOR TO BURIAL, CREMATI	2	AT WORK AT V
E, V RW PA STA 2120		
CAT A		220 I certify that
EXAMINER: CERTIFICATE, ULD BE FORY, DIRECTOR: P WITH THE S:		death resulted from
ICAL EXA THE CER SHOULD ERAL DIRI		ACTUAL
EDICAL THE THE 4 SHOU NERAL DEATH, AORE, M		SIGNATURE
MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH ECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GNE PAGES 1. GE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1.4ND 2 IFR DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITALITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	- 1	EXAMINER'S NAME
TO MEDI EXECUTE PAGE 4 PAGE 4 PATER DE PATER DE		(TYPE OR PRINT)
TO TO AFTI	230.BL	JRIAL, CREMATION,
BP	12	URIAL

DHMH - 17 (VR A15 ME (5)) 15M 7/77

		FOR		DEPAR	STATE OF A	HARYLAND HAND MENTAL	HYGIENE	2	3 5 9	6
		STATE REGISTRAR		MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	REG. NO.	0 0 .	37
	1. DEC	CEASED NAME	FIRST	MIDDLE		LAST	20 DATE KI		DAY YEAR	Zb HOUR
	(TYP)	E OR PRINT)	hary	Lee	Shool		OF DEATH A	AATED 19	12 1980	
	3 SEX		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS IF UP	NDER I YR. HE UNDE	R 24 HRS. 2c. DATE	MÖNTH	DAY YEAR	2d. HOUR
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0	7a BII	RTHPLACE IST	ATE OR	76 CITIZEN OF WHAT COU	NTRY? 8 MARR	IED NEVER MAR	PIED	RECITY OR COUN	TY OF DEATH	7-1
4	1007	enness	е	USA	WIDOV	V		rford		MD.
0		TY OR TOWN		11. NAME OF HOSPITAL, NI	STREET ADDRESS)		120. USUAL OCCUPA FOR MOST OF WORKIN		126 KIND OF BU OR INDUSTR	
		VE DE		ROTHER INSTITUTION, GIVE RESIDENCE	oury Ave. HE	טו	N/A			
5	13a S1		136 COUNT	TY 13c. CIT	YORTOWN	13d. INSIDE CITY LIMITS? YES NO [s omsbury A	ve.	
	14 FA	THER'S NAME		AUDOLS.	LAST	15. MOTHER'S MAIL	DENNAME		LAST	
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			stating the under-	DUE TO, OR AS A CO	NSEQUENCE OF					
		DART 2 MINER CH	CARLCOAD CONDITIONS	CONTRIBUTION TO OFFICE DUT NOT BE	LATER TO THE TERMINAL DISEASE					
	NO	PART 2 OTHER 311	Dutility Conditions	ONTRIBUTING TO DEATH BUT NOT RE	TATEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 to			
9	CERTIFICATION	19a DATE OF	OPERATION	196 CONDITION FOR	WHICH OPERATION W	AS PERFORMED?			20 AUTOPSY?	
1	TIFIC								YES 🗆	NO 🗆
3	CAL CER	UNDERLYING	L CAUSE WAS OR OR CAUSE OF D	216 TIME OF INJURY HOUR A.M. MONTH		OW INJURY OCCURE	RED LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P.	ART 2)	
	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM.	Y (AT HOME. 21f. LO	CATION	City OR TOWN	CC	DUNTY	STATE
2		ACTUAL SIGNATURE_	NAME LUIS	e of the remains described ab	Suicide N	Homicide TITLE (SPECIFY) Deputy	Undetermined many	DATE VER SIGN	9-16-8	
	230 BI	(TYPE OR PRIN	TION REMOVAL 23	E. Renjel, M	NAME OF CEMETERY O	ADDRESS	Alliance St			, 100
	13	URIA	4 0	7-18-1980 B	elAiR Ma	m. L-ARde	VS BelaiR	HAR	FORd ST.	mo.
	24 FL	NERAL DIREC	TOR	ADDRESS	1 1.	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
	Per	WIN GT	DN + SOA	1 HAVRE	de GRAC	e mo	art I a magn	heady	7/1.000	7

.32 HOLDER USU 61 98 - Train a great of making before the state of the contraction of the contractio injury, or other troumotic event,

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

IMPORTANT If Item 21 is marked or Item 18 sha

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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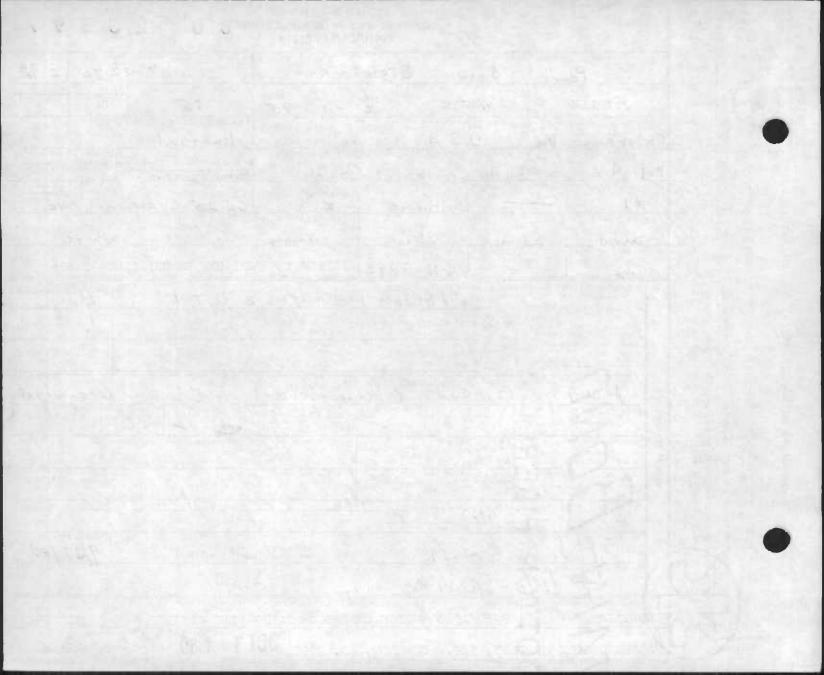
	REGISTRAR		CERTIF	ICATE OF DEATH	REG NO	
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(TYPE	Pear	S HAW	Stein	bock	9	27-80 2 30 M
3 SEX		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF INDER YEAR IF TABLE 4 1-R
	F EMALE	WHITE	MONTH Z	- 1 - 95	85 YRS	MONTHS DATS HOURS MIN
	RTHPLACE STATE OF FOREIGN	16 CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		120 USUAL OCCUPATION	THE KIND OF BUILDINGS OF
Be	1 Air	Bel Air Conval	escent (Center	TYPE OF WORK FOR MOST OF WOST AND	ES REAL ESTATE
13a S	AL RESIDENCE (IF NURS ING ME OF TATE OUT	VITY 136 CITY OR	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	land Ave.
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	- '1 -	MIDDLE LAS		FIRST	MI DEE	111:10
16n V	AS DECEASED EVER IN U.S. AR		SECURITY NO.	Nannie 17 INFORMANT	ADDRESS	WAJFC
		E WAR OR DATES)		FRANCES E. GW	VIN (DAUGHTER) S	AME AS 13e
	PART I DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate cause to stating the underlying couse lost	DBY TE CAUSE TO OR AS A CONS DUE TO, OR AS A CONS	ETES I	loliphs	e hTI	BETWEEN ONSET AND DEATH PORT OF THE ONSET AND DEATH
	PART 2, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1
ON	ASCUD.	Grebust	proper	moreleros 1s	c Cherry	a pendin byoly
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH VES NO
CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		210 HOW INJURY OCCURR	RED CENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DE		DAY TEAR			
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that I this hospi	tol ottended/the deceosed f	rom 7	16 19	. to 7/2	19 11 (we) lost
	sow the deceased alive on above (1) (we) (did) (did) and	it view the body ofter death	19, or	ed that in (my) (our) opinion o	death occurred on the date and ha	our and from the causes stated
	226 SIGNATURE	loute		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/27/80
	22d. PHYSICIAN'S NAME GROPEO	O) SANTE	3	22e ADDRESS		
23a B	URIAL, CREMATION REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
B	URIAL	9/30/1980	UNION CE	HAPEL CEMETERY	HOT SPRINGS	COUNTY STATE VTRGTNTA

DHMH - 16 60M 1/75 (VR A 15 (4))

FOR STATE

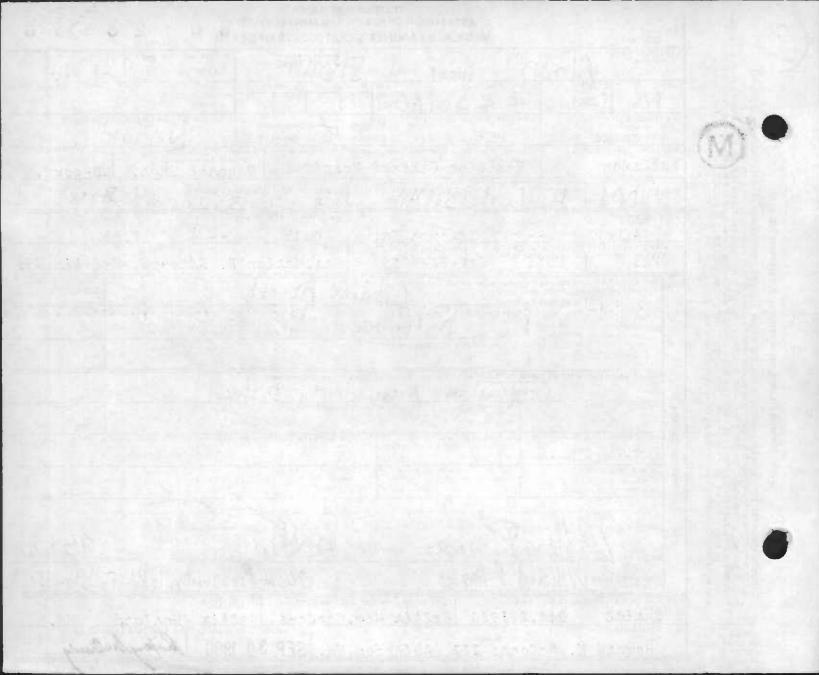
9/30/1980 UNION CHAPEL CEMETERY HOT SPRINGS VIRGINIA

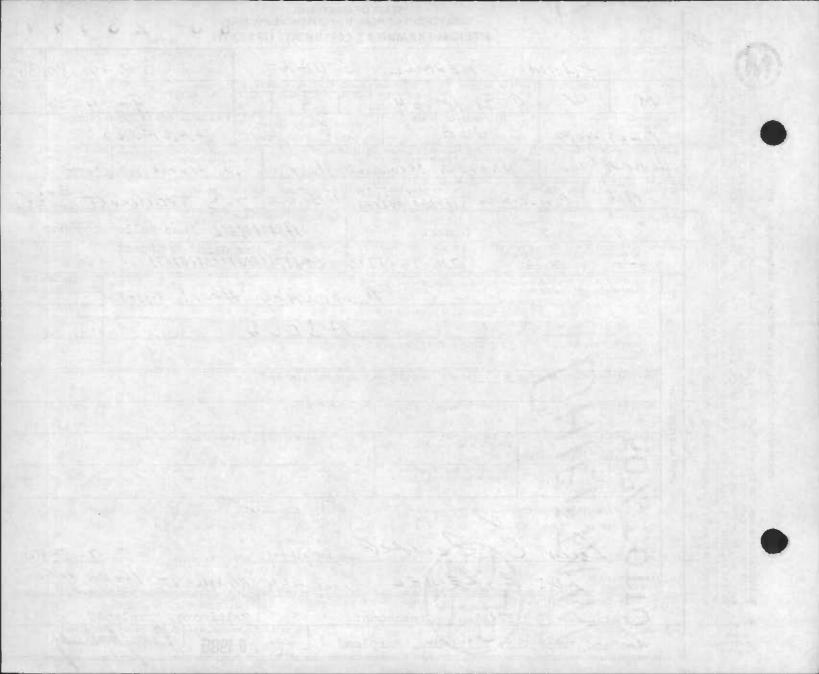
74 FUNERAL DIRECTOR
NAME
WALTER BROOKS BRADLEY, INC., DUNDALK, MD. 21222 25 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Linky McChrody



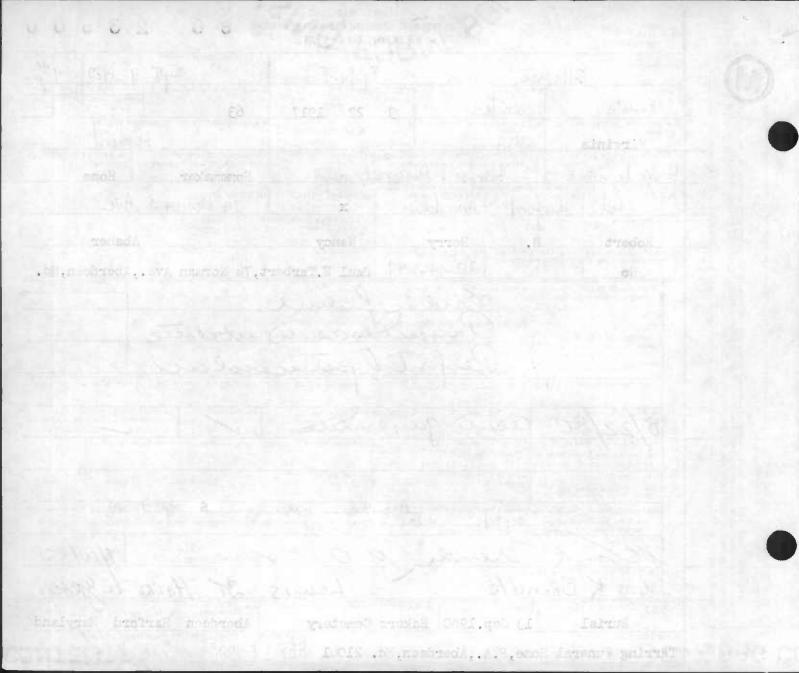
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IN HIMMEN A	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 GIVE PAGES 1, 2, AND 3 TO IMPROVE THE	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL.TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE	after death, with the state department of health and mental hygiene, division orvital records individual	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL
			-			_

*11			STATE OF MARYLAND	
) 1		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 5 9 8
/		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0 0
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	A	rkansas	USA WIDOWED DINORCED DI	ord MD.
LIVI)	10, C11	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS
3	Fa	llston	Fallston General Hospital General Engr.	OR INDUSTRY
DEI N S TC			ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	US-govt.
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A NS		Canditians, if any, which gave rise to immediate	Arteriosclerotic Heart Disesse	
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EXX		lying cause last.		
AND AND		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a	
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PACE NAME OF THE PACE N		AT WORK		
PER		22a I certify that I taok charge	of the remains described above, held an Autopsy . Institution Inquiry . and in	my opinian
MIN WIN		death resulted fram: / Hilling	Accident, Suicide, Hamicide Undetermined manner,	1. 1
NATION ARY		11/1/1/10	1 Y Am Da II ASSETTINA	01-9111
AN TH.		ACTUAL SIGNATURE	M.D. MEDICAL EXAMINER	DATE SIGNED
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	(5)	PECIFY)	CITY OR TOWN	COUNTY STATE
BP		NERAL DIRECTOR	C. 2, 1980 BELAIT Mem. Gardens BELAIT Harfo	AR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	0	NAME	ADDRESS	hal.
15M7/77		nowara K. Mc	Comas III, Abingdon, Md. SEP 30 1980	177 moreouty

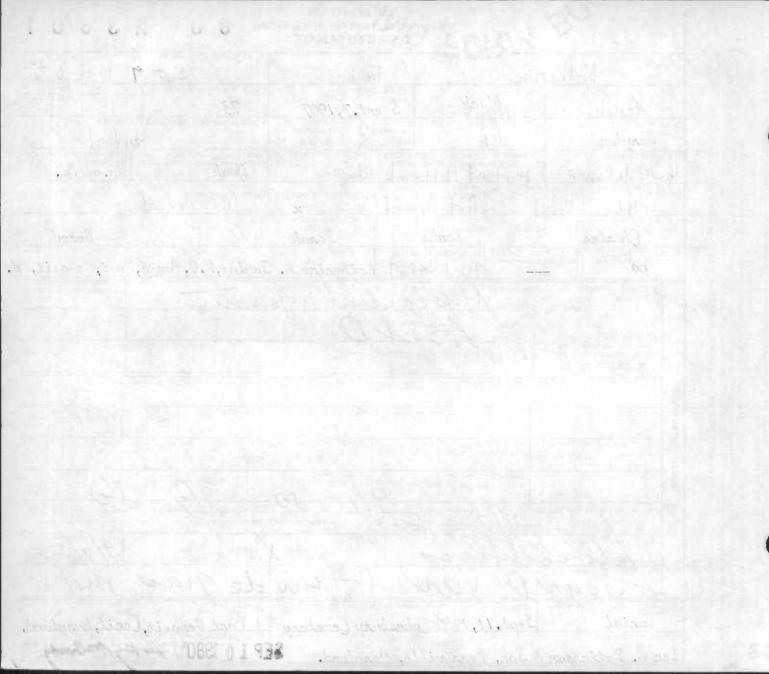




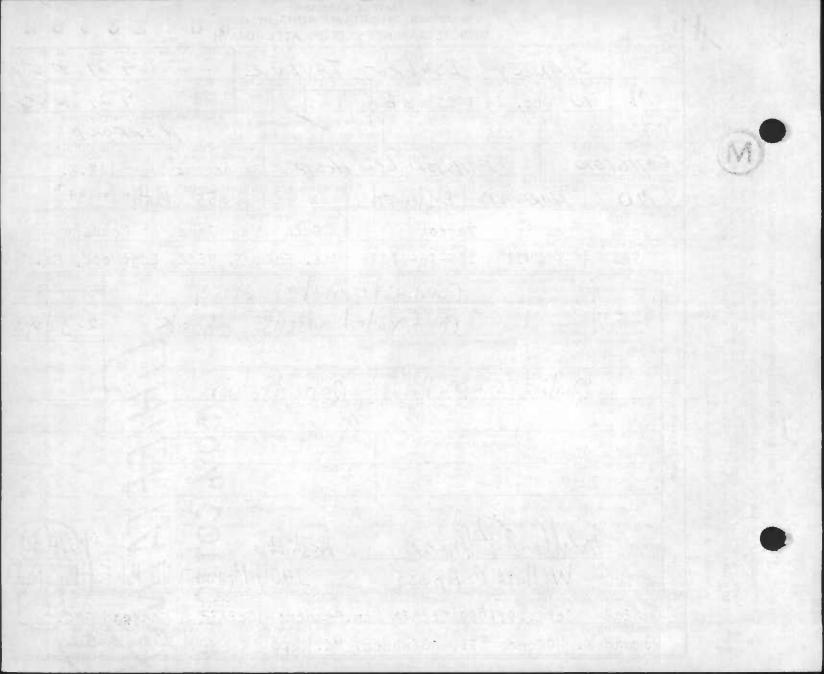
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te be exe	Pages 1	1	160 V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN] (IF YES, GMI	E WAR OR DATES]	3647	Paul E.Tarbe	rt, 74 Norman		Aberde	en Md.
certifica	ig physic in papers removal			PART I DEATH WAS CAUSE	oly one cause per time for (a), (b), and D BY (CAUSE (a))	dicirl	Parline			BETWEEN	MATE INTERVAL
he death	sattendir ove carbo nation, or ner traum			Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE	Danie) mus	lie		
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spital or	RECTOR d for use or, of Heal			saw the deceased olive an	tal) attended the deceased from Sept 9 19 8 (1) view the body after death.	0 0	nd that in (my) (our) opinion DEGREE	death occurred an the d	ate and hour o		
of the ho	ERAL DI e detache State Deg ANT: If		/	220 PHYSICIAN'S NAME LLYPE O	Trende	N	ATTENDING _	DIRECTOR PHYSIC		7/10	180
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	MH-16 25M A 15, 4) 1/7			NAME	Home, P.A., Aberde	en, Md	0	1 5 1980	Politica	Sec.C.	S.



			FOR STATE REGISTRAR		STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	
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mental direction of 72 hours after	35		TEHALE MANUACE MATERIAL MANUAL	CITIZEN OF PHAT COUNTERY US A	5 ept.7,1907	1 BALTIMORE CITY O	R COUNTY OF DEATH
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nated within 24	35 70		Hd. DCeci THERS NAME Charles	Port De	POSIT VES IN NO SO IS MOTHERS MAIDEN NA Sarah	MIDDLE	Herod
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or requires that the death certi- en signed by the attending plu- yen please sembles carbon pay it to bursts, contraction, or carbo	or other statements	НОН	PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause its stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	W	UNAL DISEASE OR COMI	DITION GIVEN IN PART TIE
Art. The to	9	CERTIFICAT	19s DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	70% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
v. The hospital or attending physicial Net DIRECTOR. After this certific detached for use at the burnish trans- tise Dept. of Health, and Memori Hy. St. H. Hon. 31.	9	MEDICAL CE	The ACCION WAS UNDERTING OR COMPRISITING CONTROL OF DEST- UP STIME HOUSE MEDICAL EXAMINES. THE BITTLES HOUSE MEDICAL EXAMINES. THE MULTIPOCCURRED WITCH NOT WOULD CONTROL AT WORK AT WORK THE STIME HOUSE CONTROL THE STIME HOUSE CONTROL THE STIME HOUSE CONTROL THE STIME HOUSE ACCIONATION OF THE STIME CONTROL THE STIME HOUSE ACCIONATION OF THE STIME CONTROL THE STIME HOUSE CONTROL TH	P.M. 71e PLACE OF INJURY 14 HOME STREET, FACTORS, OFFICE F	9/1 50	to Crice to the decorate of th	the and hour and from the course stated
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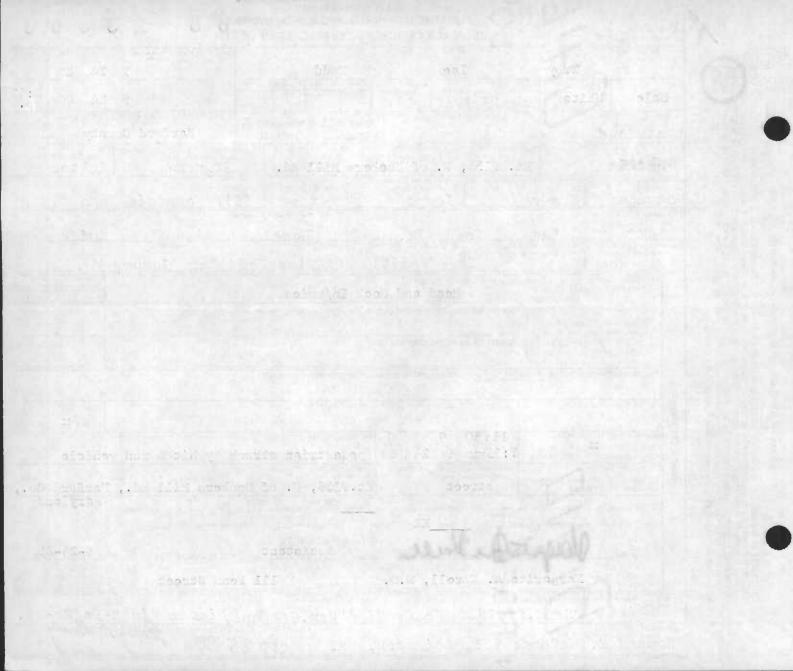


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		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES	7 5 0 0
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	Melon	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORLD) FOR MOST OF WORKING LIFE)	OR INDUSTRY
	000	10	FAIISTON FAIISTON GEN HESP. Baggageman	R.R.
_	≥ O Z		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	(1 -
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0.2	H 3.2.5	14. F.	ATHER'S NAME 15, MOTHER'S MAIDEN NAME	
X	NO N		John Matthew Taylor Eula Jane H	ounsby
ORE	A A A A	160.	WAS DECEASED EVER IN U.S. ARMED EORCES? 1146 SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	0 001110 0 9
TIM	AFTE NVE P H FC GES SION	()	YES, NO. GRUNKNOWN) (IF YES, GIVE WWITES) 215-16-6108 Mrs. Eula J. Hill, Edge	wood, Md.
BA	URS AF	_	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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	ATE, OR S		276. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my	apinian
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	0000	23a.B	URÎAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d, LOCATION	DUNTY STATE
	BP	1.	Burial Sept. 29, 1980 BelAir Mem. Gardens BelAir Harfo	1 11 1
	DHMH - 17	24 F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S	
	(VR A15 ME (5)) 15M 7/77		Howard K. McComas TII, Abingdon, Md. SFP 26 1980 Kingy	Metreody



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0	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELI	execute the certificate, writing the word "pending" in pencil in item 18. Give pages 1, 2, and a 10	page 4 should be forwarded to the chief medical examiner along with form PM 3 retains	TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES 1 AND 2 SHOULD ##	after death, with the State department of health and mental hygiene, division of vital reco	1
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	FA	A	25	9	RE	
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(VRA 15, 4)		T	arring Funeral H	lome, PA. Aberde	en, Md. 21001 SF	P 2 6 1980 Kinta	y Ma Bready

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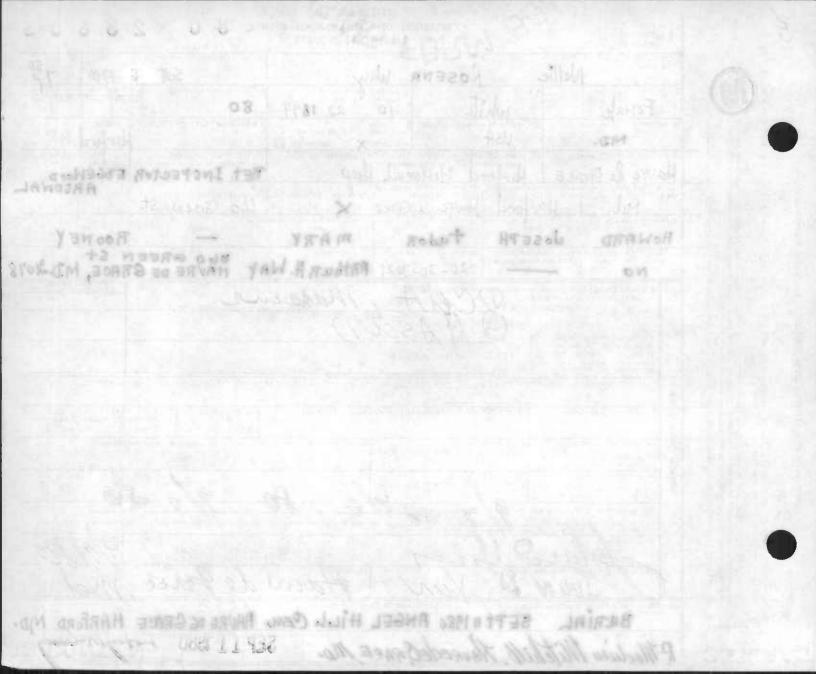
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 4th until filter retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter may fill filter that the standard between the seast the burial-transit physician physician and 2 should be detected or use as the burial-transit permit. Then physician physician and 2 should be detected or the standard may be an exercise to burial, cremation, or removal with the State Depty of Health and Mental Hygiene prior to burial, cremation, or removal may find the method of term 18 shows any injury, or other traumatic event, the method examine injury and injury.	2.4	PPE .		
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	1 -	STATE REGISTRAR	DEPARTM	CERTIFIC	ATE OF DEATH	HYGIENE	REG. NO	2	3 0	0 5
		CEASED NAME PIRST OR PRINT) Nellie	ROSENA	Wal	V	2e DATE	OF DEATH MO	ot 7	1980	TPM
	3 SEX	Ferale	white	S DATE OF I	DAY 189	80	YEARS LAST BIRTHD	YRS		HOURS MIN
5	cc	MD.	USA COUNTRY?	WIDOWED	nell .		ORE CITY OR	k	artord	MD.
1	Ho	wre de Grace		DORESS	15P		LNSPE	ORKING LIFE)	EDGEV	THE RESERVE OF THE RE
7	13 ₀ S	AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY	134 CITY OR TOWN	GIME	NO D	bloo	Gren	st.	H	RSEWAL
Č	H	OWARD JOS	EPH Tudos	3	MARY		WIDDLE		300 N	EY
		VAS DECEASED EVER IN U.S. ARMEI PES, NO OR UNKNOWN] (IF YES, GIVE WA		7021 F	PRTHUR H.	WAY "	HAVRE	DE GT	ACE.	MD.2078
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y (1) (1) K	7,	Mass	ine	ر		BETWEEN OF	NSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF	0					
	NOI	PART 2 OTHER SIGNIFICANT CON		EATH BUT NO	OT RELATED TO THE 1	TERMINAL DISEA	SE OR CONDIT	ION GIVEN	IN PART 1(a)	
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	WAS PERFORMED	200 AU		ON IF YES, W N CERTIFYIN YES		
1		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	IC HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY II	N ITEM 18, PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		I LOCATION STREET	00	CITY OR TOWN		COUNTY	STATE
		The I certify that (I) (the haspital) spw the deceased alive on obace, (I) (wyl) (did)/(Bid not) vi	1// 00		that in (my) (our) opin	nion death occur	red on the dote	ond haur on	d from the co	hat (I) (we) lost ouses stated
	8	THE SIGNATURE	2 yours		ATTENDIN PHYSICIA		STAFF PHYSICIA	N []	9/2/	So
		220 PHYSICIAN'S NAME (TYPE OR PRI	D. Vun		Jau	re de	y ta	el,	me	1
	(5	BURIAL	236 DATE SEPT. 11 1980 A1	NGEL		M. HAD	REDEGI	RACE	HARF	URD MID
	24 FU	INERAL DIRECTOR	ADDRESS ADDRESS AND ADDRESS AN	ROADE	- Mn. 25a.	SEP T	TEGISTRAP 251	REGISTRA	SSIGNATU	Cready

BP.

DHMH-16 25M (VRA 15, 4) 1/79



MEDICAL EXAM

nmn DATE OF BIRTH 6. AGE (IN YEARS SEX 4 RACE UNDER 1 YR

REG. NO

20 DATE KNOWN OF ESTI-DEATH MATED 19 2d. HOUR

BETWEEN ONSET AND DEATH

HOUR

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OR INDUSTRY Harkord 120 USUAL OCCUPATION STYPE OF WORK

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200	PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTIONS	Line to Death But not related to the termin	AL DISEASE OR CONDITION GIVEN IN PART 1 a	Tuberchosis		
<	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA		20 AUTOPSY?		
		Marie Taylor			YES 🗆 1	NO 🗆
CAL CEN	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	2)c HOW INJURY OCCURRED (ENT	ER MATURE OF INJURY IN ITEM 18 PART I	OR PART 2)	
MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COUNTY Arlington

DATE SIGNED

24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5))

15M 7/77

FOR

(TYPE OR PRINT)

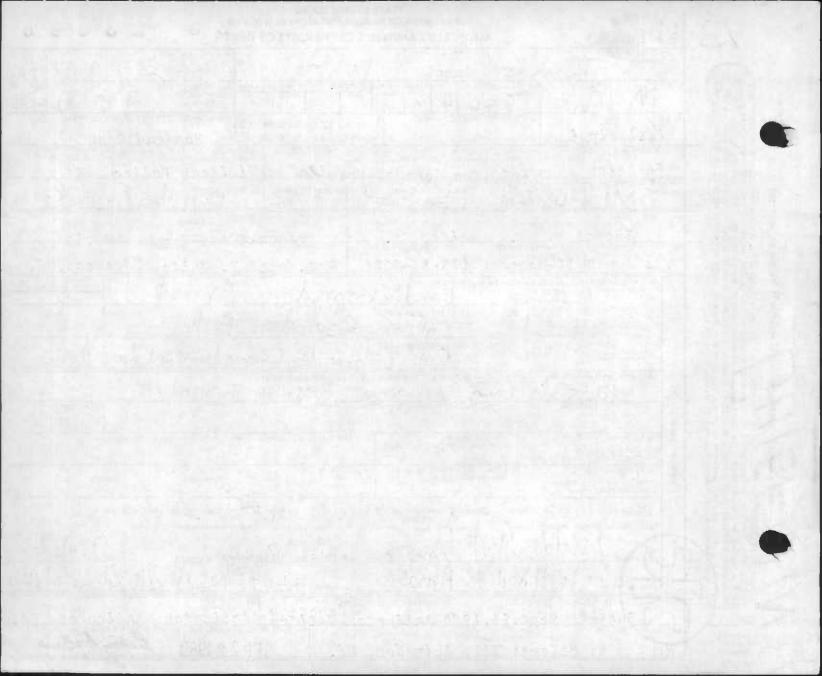
REGISTRAR

DECEASED NAME

1 - STATE

Howard K. McComas III Abinadon. 1981

250. DATE REC'D.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 6 0 7

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	o .		
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F	allston	(1)	P.O.	Box 177	(DDRESS)		Teacher	F WORKING LIFE)	Musi	.c
13a S	AL RESIDENCE (IF NURSING DTATE 13b laryland	Harfo		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Fallston	v 1	134 INSIDE CITY LIMITS?	13e STREET ADDRESS P.O. Box]	77, 2	21047	
	THER'S NAME	MIDDLE		LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	T
F	Rev. Ralph	MIDDLE		Yeany		Della	Mode		Rink	
6a V	VAS DECEASED EVER IN			166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	SS		
1	(ES. NO OR UNKNOWN) (IF	YES, GIVE WAR O	R DATES)	193.22.6434 Elizabeth Ja			ane MilesSame as 13e			
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	OR CONTRIBUTING CHOSE OF DEATH			A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T I OR PART 2)	
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	60 0/10 60							that (1) we) lost causes stated		
	22h SGNAFORE	K.F	ul	Cen	M.		MEDICAL STAI		22c. DATE	20/80
	Phyllis K	Pu	llen	MD		2807 Terusa	Jem Rd. K	ingsi	oille Y	ud 2108

BP. DHMH 16 25M

IMPORTANT: If Hem 21 is marked or Hem 18 shows

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in the should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physicial

etained by the hospital or

(VR A 15 (4)) 9/74

FOR

230 BURIAL, CREMATION, REMOVAL Cremation 9/22/1980

23¢ NAME OF CEMETERY OR CREMATORY Green Mount Crematory

23d LOCATION CITY OR TOWN Baltimore

COUNTY

Maryland

74 FUNERAL DIRECTOR
Walter Brooks Bradley, Inc., Balto., Md. 21222

23b. DATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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24 July	0897 8 5 1980	

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The state of	3 SE		RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
afte ce			W	TH DAY DAY	19	MONTHS DAYS HOURS MIN
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by the fur	5	ALKSTON	Falls ToN	General Hosp.	TYPE OF WERK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
filled in uld be fig niner mu	130 5	AL RESIDENCE (IF NURSING HOME OR OF COUNTRY OF ARM	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130 STY OR TOVE FORD BELA		13. STREET ADDRESS	AMROCK RO
shock	14 F	THER'S NAME		15 MOTHER'S MAIDEN NA	WE	
and 2	6	FORGE MAS DECEASED EVER IN U.S. ARA	NED FORCES? THE SOCIAL SECTION	MARY JRITY NO. 17 JINFORMANT	LENNON	<u> </u> LAST
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EC for		saw the deceased alive an above, (1) (we) (did) (did not		and that in (my) (aur) apinion o	death occurred on the date and l	
the hos AL DIR stached ite Depi		226 SIGNATURE	Trovolides	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	S 31 80
TO FUNER should be de with the Sta	r"	224 PHYSICIAN'S NAME (TYPE OR	DI ROVOLIT	22e ADDRESS	RFOAD Rd F	ALISTON MG 210
shour with	23a E	WRIAL CREMATION, REMOVAL		MAME OF COMETERY OR CHEMATORY	DIA LOCATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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